NAVY MEDICINE

FALL ISSUE

Official Magazine of U.S. Navy and Marine Corps Medicine

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Vol. 105 • No.5 FALL ISSUE

NAVY MEDICINE is the professional magazine of the Navy Medical Department community. Its purpose is to educate its readers on Navy Medicine missions and programs. This magazine will also draw upon the medical department's rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.
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About Navy Medicine:
NAVY MEDICINE is published quarterly Winter/Spring/Summer/Fall. Please contact Paul Ross (paul.ross@med.navy.mil) for deadline of present issue in progress.
Submission Requirements:
Articles must be between 600-1,000 words.
All articles must be present tense/active voice.
Photos must be minimum 300 dpi.
Photos showing action are preferred.
All photos must be accompanied by a caption and photo credit.
Subjects considered:
Scuttlebutt: Stories about activities at MTFs and the field.
Photo Album: Action shots from across Navy Medicine.
Feature Articles: Stories featuring interesting contributions of Navy Medicine to military operations including everything from combat support to Humanitarian Relief/Disaster Response will be considered. Please contact Paul Ross (paul.ross@med.navy.mil) for current theme of issue in progress.
R & D and Innovations: Any new processes and/or research and development news.
Quality Care: Anything that improves the quality of care for our patients.
IT, QA: Any articles showing how Navy Medicine is utilizing the electronic age.
Shipmates: Anything interesting about our shipmates working in the health care field in the Department of the Navy.
All submissions must be accompanied by complete contact information for author. In the event there is more than one author please assign one author to be primary correspondent.

Feedback Welcome
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On the Cover

Navy Lt. Stephanie M. Ellis checks the airways of a girl during Amphibious Landing Exercise 2014, a Philippine-U.S. exercise designed to improve interoperability, increase readiness and enhance the ability for a bilateral force to respond to natural disasters or other regional contingencies. She is with Combat Logistics Regiment 37, 3rd Marine Logistics Group, III Marine Expeditionary Force. *(Photo by Marine Corps Sgt. Brian A. Marion)*

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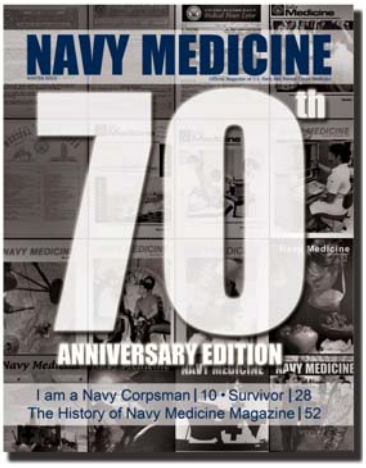
Editor's Note: Final Print Copy Edition of Navy Medicine Magazine

Dear Navy Medicine Magazine Readers,

In an effort to provide you with the highest quality content, in the most accessible way possible, Navy Medicine Magazine will be transitioning to a completely online format. This issue will be the last print edition, aside from our annual Almanac, which will continue to print each January. The online version of Navy Medicine Magazine will continue to highlight the same world-class care being provided by the men and women of Navy Medicine through a variety of news and feature stories as well as videos and photos. Navy Medicine Magazine will continue to tell our story by using the most up-to-date technology to reach our audience. Thank you for reading. Please come see us at http://navymedicinemagazine.navylive.dodlive.mil/.

- Paul Ross
Editor, Navy Medicine Magazine



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EVERY SAILOR EVERY DAY

I despair when I hear that of one of our Sailors or Marines has taken his or her own life. These are tragedies where we must intervene somehow and somewhere in the chain of events that leads to the hopelessness of suicide, be it impulsive or the culmination of chronic thoughts.

Recently I asked our Navy medicine leaders to delve deeper across the enterprise and work to identify risk factors for suicide and recommend potential points of intervention. We can -and will -do more to prevent suicide by being responsible to those we serve.

Preventing suicide requires each of us to actively participate and be engaged in the lives of our shipmates and colleagues. It starts with a concept many of you have heard me talk about: "ship, shipmate and self." I encourage you to take time out of your day to listen to your shipmates, be there for them, ask them how they are doing - it all adds up and may make a difference to one of them. We especially must connect with our Sailors who are transitioning from one job to another, experiencing career setbacks like school failures or failing to promote, experiencing disciplinary action or going through some sort of loss, divorce or relationship break-ups. We must break the code of silence and initiate the conversation, making sure our Sailors know they are never alone.

Each September, the Department of Defense recognizes Suicide Prevention Month. The Navy's theme for this year is, "Thrive in Your Community."

This year's theme focuses on partnering with your fellow Sailors and Marines in projects across our community. A

Preventing suicide requires each of us to actively participate and be engaged in the lives of our shipmates and colleagues.

sense of community and purpose is an important factor in preventing suicide. By helping others, we help ourselves. Those who are present for others are often more open to receive assistance when needed. A sense of community can help us not just survive, but also thrive in the face of adversity. The sense of belonging may provide a person in distress with a lifeline they didn't know they had.

Whether you are active duty or civilian, clinician, administrator, or corpsman, you have several valuable resources available to you to support our Sailors, Marines, veterans, and their families in our efforts to promote resiliency and prevent suicidal behaviors. The Navy and Marine Corps Public Health Center (NMCPHC) provides tools and resources to help Sailors and Marines build and maintain resiliency, through operational stress control, stress navigation, anger management, proper sleep and the prevention of drug abuse and excessive alcohol use resources. An example is the recently released "Relax Relax toolkit" designed for Sailors and Marines to reduce stress and optimize performance through deep relaxation techniques. The toolkit includes sections on breathing techniques, muscle relaxation, imagery, meditation, mindfulness, music, and combination strategies.

Additionally, the Navy leader's Guide for Managing Sailors in Distress is a resource to help leaders recognize distress related behaviors, provide support to Sailors, and link distressed individuals with appropriate and timely help and information. Navy Medicine also partners and collaborates with other Department of the Navy organizations including the Navy Suicide Prevention Program, the Marine Corps Suicide Prevention Program, and the Navy Operational Stress Control (OSC) Program to create awareness of suicide risk factors and warning signs and to develop suicide prevention resources and products.

Suicide cannot be an option for anyone. Family, faith and a sense of belonging all matter. For many, the Navy may be the only real family they know. By coming together through unit and family cohesion, we can strengthen resilience and serve as protectors of our shipmates. We must look out for our ship, shipmate and self.

Together we can make a difference in preventing suicide. When I get a report, I wish I had just one more day to make a difference, one more day to see the signs...but I didn't get that day, so I make each day count so I won't need that last one. I ask you to be there for every Sailor, every day. We owe it to them, to ourselves, and to the mission. So go out of your way to be an engaged shipmate. Practice compassion. Ask your shipmates how they are doing and really listen. Today may be that one more day. Today you might save a life.

--Vice Adm. Matthew L. Nathan

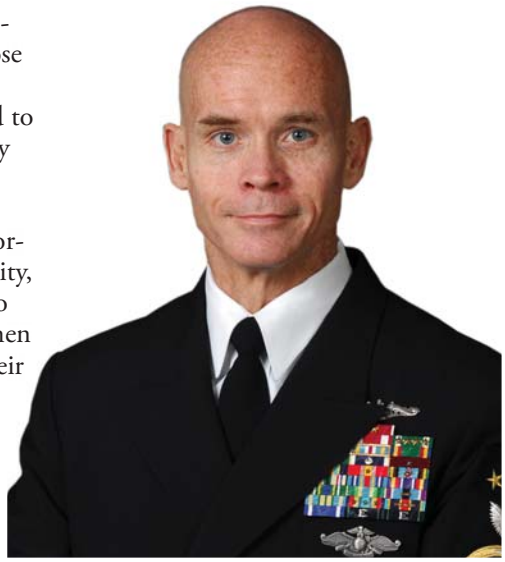
From the deckplates to the battlefield

Every day around the world, Hospital Corpsman are making a tremendous difference in the lives of Sailors, Marines, Soldiers and Airmen, from the deckplates to the battlefield. We are truly a readiness platform for our men and women who go into harm's way. That platform includes support for the global deployment of our military forces on active duty or the Reserves.

Our men and women who serve as Hospital Corpsman are our first line of defense in making sure we give the best trauma and health care support to those men and women involved in our country's global engagements. Hospital Corpsman provide expeditionary medicine at its finest, hundreds of miles from advanced medical support, in the middle of the ocean or while deployed with ground operation's. All this while simultaneously providing needed assurance to our deployed military service members that their families back home will be well cared for in their absence.

This comprehensive care model is Navy Medicine's number one priority--caring for those in and supporting the fight. Our forces must be trained and ready to fight and defend our nation's security and global interests. Our Hospital Corpsman provide a key component in maintaining readiness for those who will deploy in support of global operations. We must also be prepared to provide world class patient and family centered care "anytime anywhere."

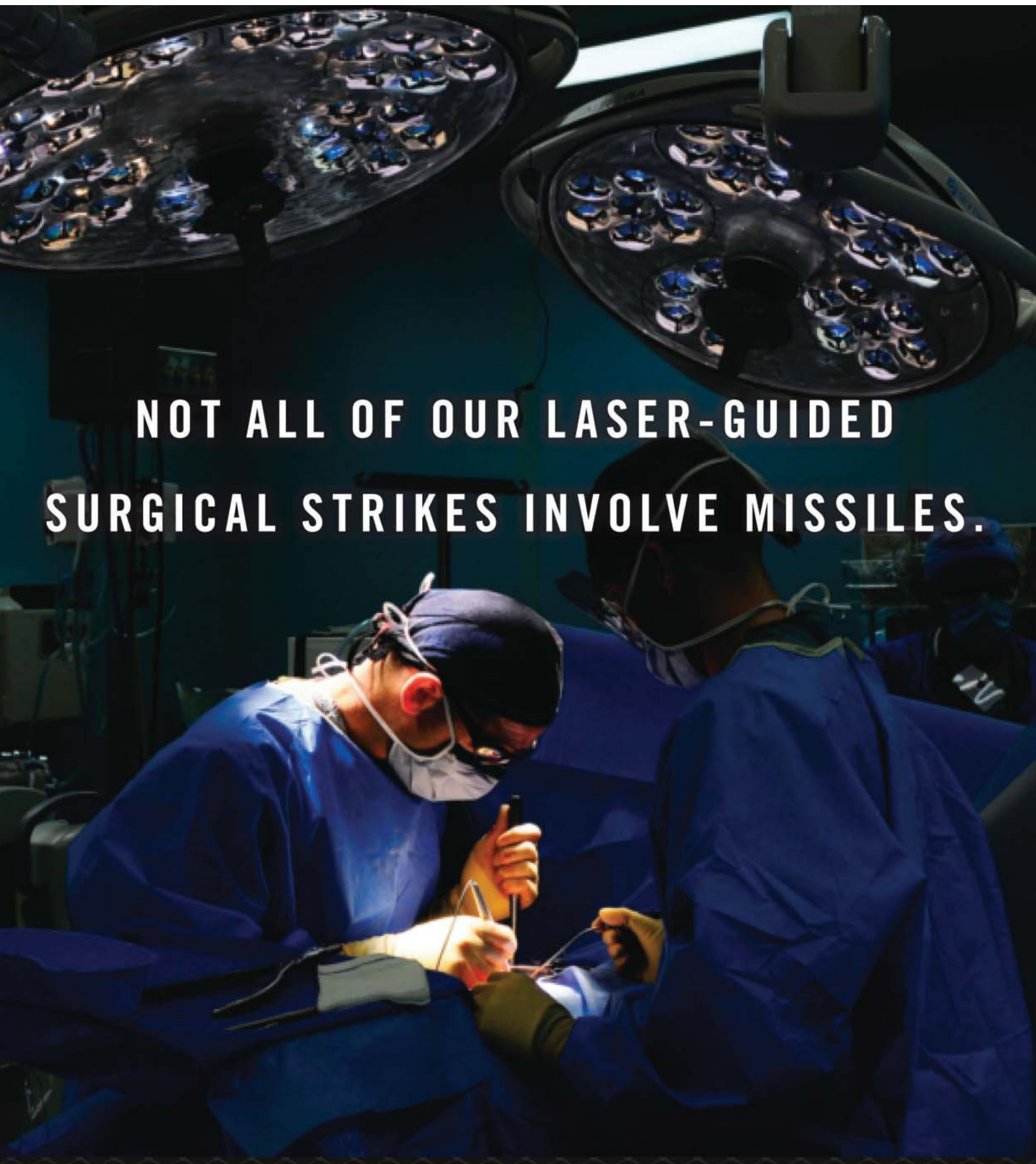
As Hospital Corpsman, we must also provide hope for those we care for--whether in a military treatment facility, on the deckplates or on battlefield--to ensure that our service men and women and their families will always have their health care needs met. We have the ultimate responsibility to ensure the medical readiness of our warfighters and to make sure that our medical personnel are prepared, trained, and deployed with the right capabilities to support our warriors. The readiness piece includes our ability to maintain our skills from the battlefield to our Medical Treatment Facilities. As our men and women come back from the war with injuries and traumatic experiences, we need to be prepared to care for them not only acutely, but also over the entire duration of whatever injuries they may have sustained and whatever those injuries are. In some instances that means continued care for the duration of their life. Navy Medicine, partnering with the Army, Air Force and Military Health System, and the Department of Veterans Affairs, is committed to making this happen.



Our challenge is to make sure that we maintain the spirit of professionalism that is the foundation of our Hospital Corps. As always, I'm proud of each and every one of you. Thank you for what you do.

-- Force Master Chief Sherman E. Boss

More than 100 chief selects, chiefs, senior chiefs and master chiefs assigned to commands in Maryland, Washington D.C. and Virginia joined U.S. Navy Bureau of Medicine and Surgery's Force Master Chief Sherman Boss, director of the Hospital Corps for a run through Washington D.C., as part of phase II of CPO 365.



The ability to zero in on a target and destroy it. It's just as important in an operating room as it is on the battlefield. America's Navy has thousands of highly skilled physicians who are making a difference in the lives of those less fortunate every day. To learn more about full-time or part-time careers, visit navy.com or call 1-800-USA-NAVY.

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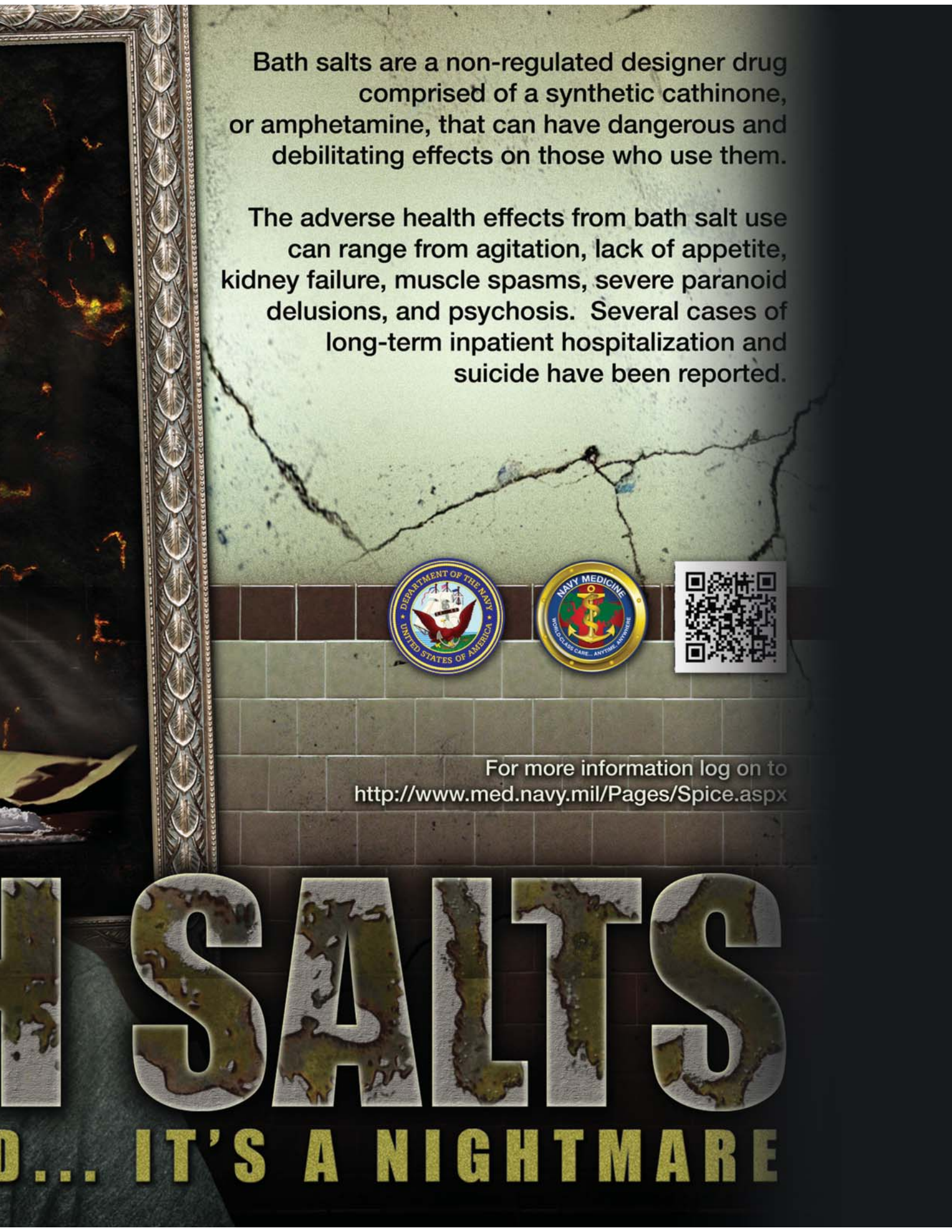
Bath salts are a non-regulated designer drug comprised of a synthetic cathinone, or amphetamine, that can have dangerous and debilitating effects on those who use them.
The adverse health effects from bath salt use can range from agitation, lack of appetite, kidney failure, muscle spasms, severe paranoid delusions, and psychosis. Several cases of long-term inpatient hospitalization and suicide have been reported.
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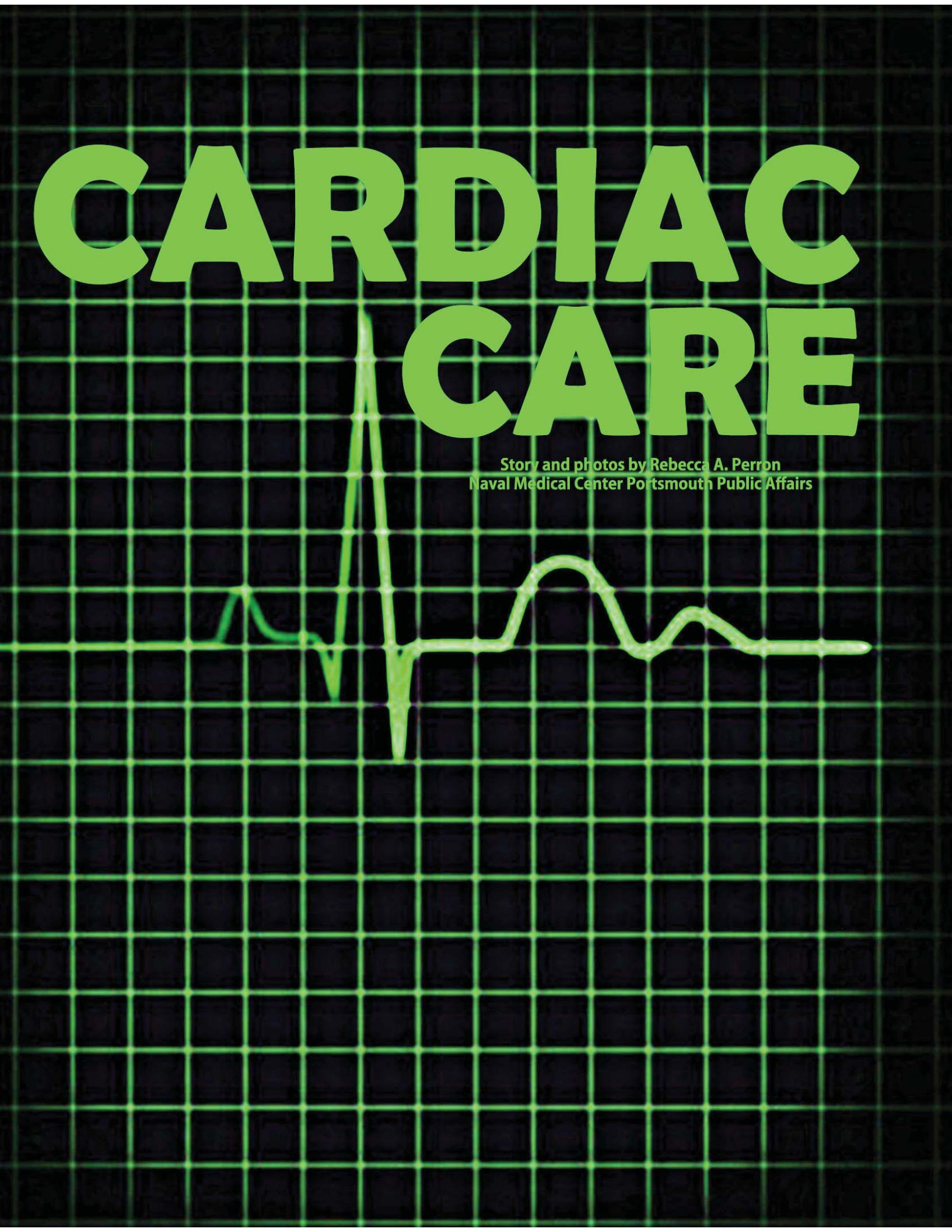
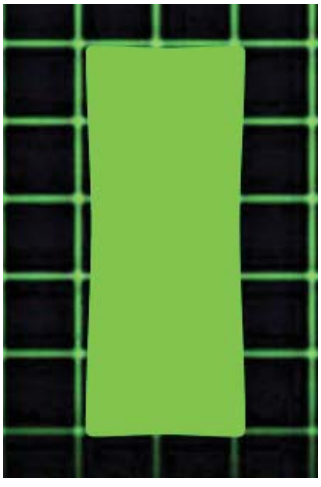
CARDIAC CARE

Story and photos by Rebecca A. Perron
Naval Medical Center Portsmouth Public Affairs



After removing the catheter at the end of the procedures, cardiovascular technician Hospital Corpsman 2nd Class Ryan Folkers, right, and Cmdr. Nelle Linz, an interventional cardiologist, place a transparent compression band on the patient's wrist to apply pressure to the artery and minimize bleeding while interventional cardiologist Lt. Cmdr. Gus Theodos watches. During an angioplasty procedure, the catheter is threaded into the heart from an artery in the arm or groin, followed by a balloon catheter that clears the blockage before the stent can be placed.



If all goes as planned, ambulances will soon be pulling up to Naval Medical Center Portsmouth's Emergency Room, rushing patients with a specific type of heart attack to much needed care.

NMCP's Emergency Department is already the busiest EMD in the Navy. It has made strides to bring in patients experiencing an ST-segment elevated myocardial infarction (STEMI), a kind of heart attack detected by an electrocardiogram (EKG).

In mid-September, Tidewater Emergency Medical Services (TEMS) said NMCP meets the qualifications to be a "PCI Capable Hospital." With this designation, NMCP can now receive ambulances carrying patients who are having a STEMI, a determination made by emergency medical technicians with a field EKG.

NMCP is also close to being nationally accredited as a Chest Pain Center. The Society of Cardiovascular Patient Care (SCPC), the organization that accredits hospitals across the country for this, has planned a site evaluation visit for Oct. 17 to assess NMCP's cardiac care capabilities. The CPC accreditation essentially shows that NMCP provides the highest quality of cardiac care, a designation most civilian hospitals seek.

"A large portion of health care focuses on cardiovascular conditions," said Lt. Cmdr. Daniel D'Aurora, assistant department head for the Emergency Medicine Department. "We took this opportunity to advance to an emerging community standard in establishing ourselves as one of the hospitals in the area that can provide this type of care."

From the Cardiac Catheterization Laboratory control room, cardiovascular technician Hospitalman Jesse Wayer monitors the patient's vital signs and documents each step in the angioplasty procedure. Although the same vital signs display can be seen by the interventional cardiologist who is performing the procedure, it is Wayer's job to alert them to any changes in a patient's condition.

Because of the medical center's central location in Tidewater, it is poised to become a leader in cardiac care. The area's many waterways, bridges and tunnels can make navigation difficult for even an ambulance transporting a heart attack patient.

"We felt it is important to provide this service," D'Aurora said. "In doing that, we will become the first military treatment facility (MTF) in the country to become nationally accredited. We will be the first to provide this level of care to this many beneficiaries."

Of the 200 to 250 patients who come to Portsmouth's EMD each day, about 10 to 15 percent complain of chest pain or other symptoms, like shortness of breath, which require an EKG. While most symptoms turn out to be non-emergency conditions, each patient is treated initially as though they are having a heart attack. Typically, about two patients a month are diagnosed as having a STEMI; each arrives as a "walk in," not by ambulance.

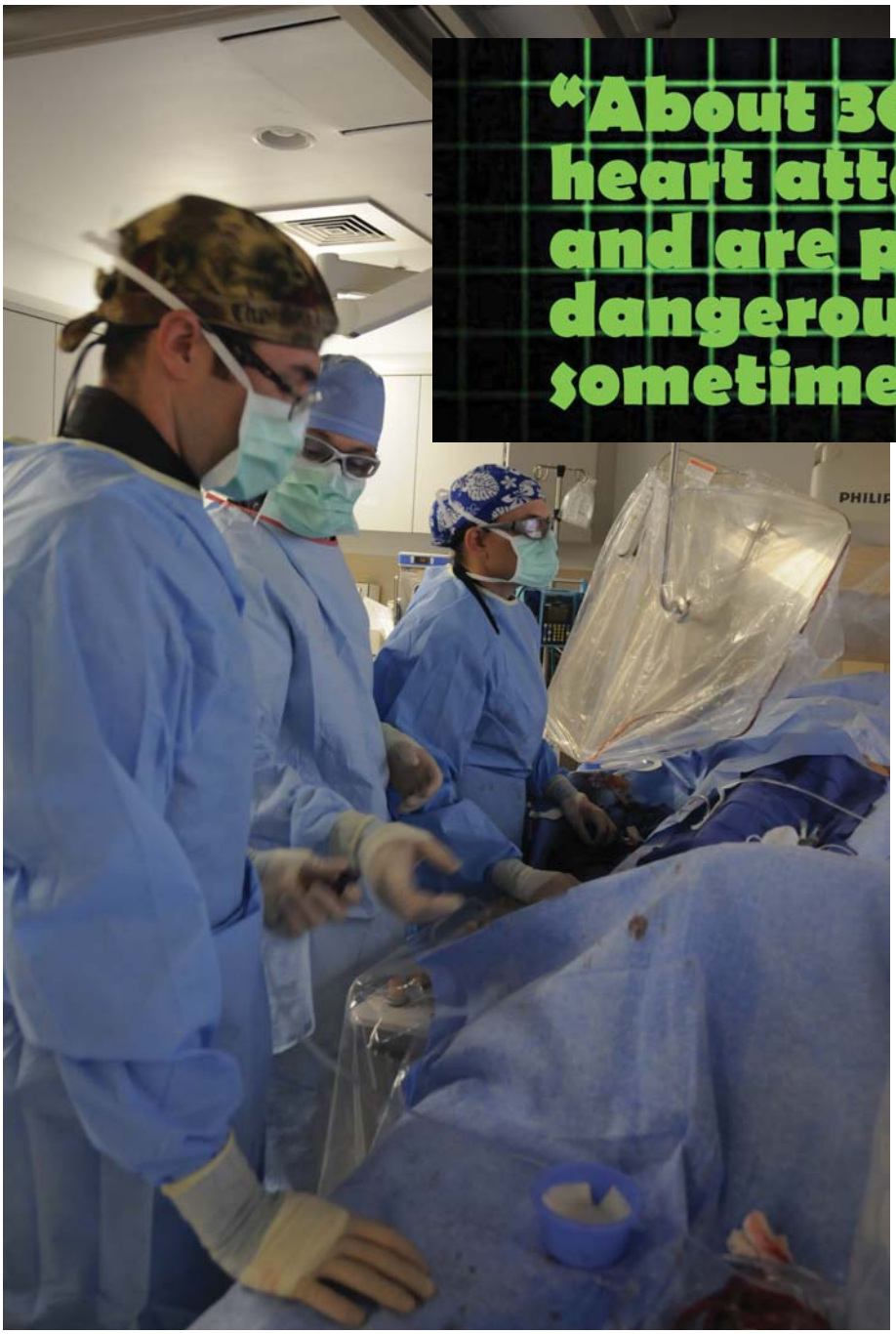
"With the recognition by TEMS as a 'PCI Capable Hospital,' we will now start seeing ambulance traffic with patients experiencing a STEMI," D'Aurora added. "It's uncharted territory, something no MTF has attempted. That's why we have been so diligent, so methodical, in this process. We want to make sure the standard we set is something for all other MTFs to follow."

Setting and maintaining this high standard began about a year ago when the medical center staff started working with TEMS and the SCPC. The first step: Become designated as a hospital capable of performing emergency percutaneous coronary intervention (PCI), commonly known as coronary angioplasty or simply angioplasty. The procedure does not require surgery and is performed through an IV in the wrist or groin by an interventional cardiologist to treat completely blocked or severely narrowed arteries in the heart that have resulted in heart attack.

About 30 percent of all heart attacks are STEMIs, and are particularly dangerous and sometimes fatal. Because this type is often associated with a blood clot within a narrowed coronary artery, part of the heart muscle gets no blood flow and quickly starts to die. PCI removes the blood clot from the narrowed artery and restores blood flow to the heart muscle by placing a mesh tube called a "coronary stent," thereby preventing or limiting the risk of heart muscle damage and death.

"The EKG tells us there are heart muscle cells dying, so every minute saved increases the chance of survival in a STEMI situation," said Lt. Cmdr. Nelle Linz, one of two interventional cardiologists at NMCP and the director of the Cardiac Catheterization Laboratory.

With a STEMI, PCI is the preferred treatment strategy, but only 25 percent of hospitals in the United States have this capability. In addition, only 50 percent of patients brought to hospitals with these capabilities were achieving treatment within 100 minutes in 2006; thus the American Heart Association and American College of Cardiology set



"About 30 percent of all heart attacks are STEMIs, and are particularly dangerous and sometimes fatal."

Lt. Cmdr. Gus Theodos, interventional cardiologist, center, reaches for an instrument from cardiovascular technician Hospital Corpsman 2nd Class Ryan Folkers while Cmdr. Nelle Linz uses the live x-ray picture on a monitor to guide the catheter through the patient's heart and arteries.

forth national guidelines for time saving strategies to increase survival in patients suffering from this type of heart attack.

With the addition of PCI capabilities at NMCP, staff next looked to improve treatment times. To be designated a "Chest Pain Center," a hospital must be able to perform an EKG, present it to the physician and have it read within 10 minutes of the patient's arrival. Patients must then be seen, treated, sent to the catheterization lab and receive an intervention (balloon, stent, etc.) within 90 minutes of arrival from the Emergency Room.

"That sounds like a long time, but consider some of these folks may require life-saving measures or medications," D'Aurora said. "Patients may present at 2 or 3 a.m., and staff, some of whom are required to live within 30 minutes of the medical center, must be called in to treat them. So meeting that 90-minute window can be a challenge. Before starting this process, the majority of STEMIs presenting to the EMD, did not get an intervention before 90 minutes. A year later, we have that down into a median time of 80 minutes with 75 percent of all STEMI patients within the 90-minute mark, and to continue to improve."

"We are proud to be recognized as one of the hospitals in Virginia dedicated to achieving an open heart artery within 90 minutes of recognition of a heart attack," Linz added.

Consistently meeting these requirements require a hospitalwide commitment. ER staff worked with multiple areas including Cardiology, Internal Medicine, laboratory, pharmacy, facilities, quality, business operations and the Directorate for Nursing Services, focusing on education, training and process improvements. As a result, they improved patient flow for all emergency patients.

With the PCI Capable Hospital designation accomplished, NMCP looks forward to the SCPC accreditation team site visit in October. After submitting a 700-page application to the SCPC in August, the staff is preparing for a walk-around evaluation of the processes specific to cardiovascular care.

"As an organization, with support from all levels at the command, we took a huge step in improving the quality of health care we provide for all cardiac patients. Being the first MTF to receive these distinctions, will hopefully pave the way for other MTFs to follow," concluded Cmdr. Michael Juliano, NMCP Chest Pain Center director. "We are the 'First and Finest' and to be in a situation where you know you are advancing patient care, it's definitely something we are proud to have accomplished."

Boxer ARG Sailors Combat Stress

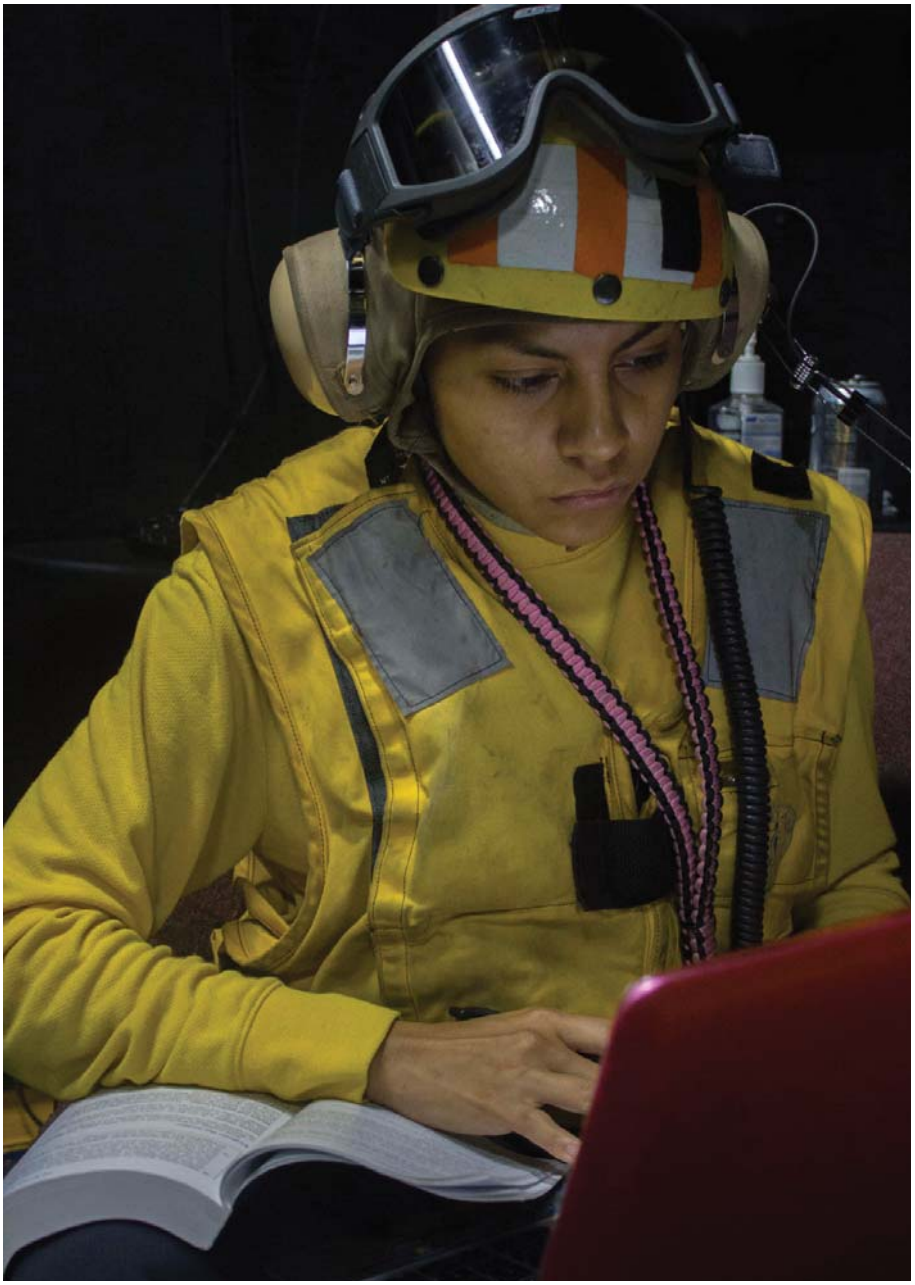
Lt. j.g. Chelsea Irish leads a prayer during a women's bible study in the chapel of the amphibious assault ship USS Boxer (LHD 4). Boxer is currently deployed in the U.S. 7th Fleet area of responsibility conducting maritime security operations and theater security cooperation efforts as part of the USS Boxer Amphibious Ready Group. *(Photos by Aviation Boatswain's Mate (Handling) Joni Bills)*

Launched in early June, Operational Stress Control (OSC) training offers deployed Sailors effective tools to help them cope with stress aboard amphibious assault ship USS Boxer (LHD 4) and amphibious transport dock ship USS New Orleans (LPD 18).

"The training focuses on individual traits, but more importantly on the unit dynamics [of stress]," said Lt. Cmdr. Reynalda McBee, Boxer OSC coordinator. "Teaching coping mechanisms to anticipated challenges can better prepare Sailors [to deal with stress]."

Boxer ARG is paving the way when it comes to giving the OSC training on board a ship. Adopting a proactive strategy toward mental health and overall wellness involves educating the crew on steps they can take to decrease deploy-

Aviation Boatswain's Mate (Handling) Airman Ida Miller plays video games in between her crash and salvage watch on the amphibious assault ship USS Boxer (LHD 4). Boxer is currently deployed in the U.S. 7th Fleet area of responsibility conducting maritime security operations and theater security cooperation efforts as part of the USS Boxer Amphibious Ready Group.



Aviation Boatswain's Mate (Handling) 2nd Class Jazmin Alarcon studies in her down time during flight quarters on the amphibious assault ship USS Boxer (LHD 4). Boxer is currently deployed in the U.S. 7th Fleet area of responsibility conducting maritime security operations and theater security cooperation efforts as part of the USS Boxer Amphibious Ready Group.

ment stress and make the time at sea meaningful and productive.

"The USS Boxer and USS New Orleans are the first ships to roll out the OSC program," said Lt. George Loeffler, psychiatrist aboard Boxer. "Not only is the Boxer Amphibious Ready Group (ARG) setting the standard, it is charting a course for how operational stress will be understood, prevented and treated. It is an honor to be a part of this [program]."

The main goal of OSC is to reduce mental health issues related to stress by educating Sailors to use resiliency, recognize when they are being affected by stress, and eliminate the stigma associated with getting help.

Early October, the Navy rolled out a plan to make OSC mandatory for all deployable assets. Now that the Boxer ARG has implemented this training, prior to the mandatory training requirement, the crew can assist others with the training and ways to mitigate stress while underway.

Boxer ARG is taking the approach of training senior leadership first, so they know what signs to look for and how to deal with them. Several chiefs have already taught the OSC training to the junior Sailors.

"Deployed Sailors are under a tremendous amount of stress," said Loeffler. "Whether it's working in the mess decks, working down in engineering, or up on the flight deck, the demands of the mission can be enormous. And just because we're deployed doesn't mean life stops. Things happen in our personal lives, things happen back home."

Deployments can bring family separation, long work hours and many uncertainties; for a first-time Sailor this may be a lot to deal with.

OSC challenges Sailors to get involved when they see signs that a shipmate is having problems with stress.

"Getting appropriate help early through their peers and chain of command is critical for prevention and mitigating most of the problems," added McBee. "Complex cases will be referred to chaplains and medical, however, we expect those to be far fewer with this training."

Sailors also learn to detect stress at an early stage and to prevent it from becoming a serious issue by using positivism, behavior control, flexible thinking, resiliency and exercise as a stress reducer.

"It was good to know that ways to reduce stress were things I like doing," said Airman Brody Verona. "Exercising and reading are two things that I enjoy and if it helps reduce stress, that's even better."

Ultimately, OSC strives to improve the overall welfare of all Sailors.

"Everyone needs to learn how to adapt and cope with stress because stress is part of our lives," said McBee. "This is a basic life skill requirement to succeed, not just in the Navy but in life in general. Stress is not the enemy; growth and character are developed through stressful situations. Adaptive coping skills are needed to preserve the confidence and self-esteem of Sailors and thus making them more resilient in the face of challenges."

The training aboard Boxer and New Orleans will continue with additional classes in the middle and at the end of deployment. After deployment, a detailed assessment of the program will gauge its effectiveness and use on other ships throughout the Navy. ✚

COMING TO AMERICA

Story and photo by Sgt. David Bolton | Joint Task Force Guantanamo Public Affairs

The first quarter century of his life was lived in Nairobi, Kenya, amongst humble surroundings playing soccer with a ball made of manila paper.

One of 10 children born to his Luo-tribe parents, Alvin Ochieng grew up speaking both Swahili and English as he attended school. Then, at the age of 26, Ochieng decided to follow in the footsteps of his older brother John, and move to America. "He told me, 'You know the Navy is good, I know it's not for everybody, it's not easy but you might give it a try,'" said Ochieng, now a Navy Hospital Corpsman 3rd Class, assigned to Joint Task Force Guantanamo's Joint Medical Group.

Ochieng has made a comfortable career for himself as a preventative technician, and now in his fifth year in the Navy, he finds himself working with Troopers and detainees at JTF-GTMO. But this would not have been possible if it weren't for his education.

"The most important thing our parents used to put in our minds is that without an education, you're nothing," said Ochieng who used military tuition assistance to go to school.

While his parents were happy that he was getting an education, they were not so thrilled about his particular military career choice. His enlistment meant two children serving for the United States.

"It was a time that Iraq was very hot, and my mother was like 'we can't have two people in the Navy at this time; this is risky, what if you are taken to war or what if we lose both of you,'" he said.

In spite of his mother's misgivings about the situation, Ochieng kept a very calm and cool approach to the possibility of going to war.

"Everybody is born once, and you die once," he said. "Whichever way, I can either prolong it or take my chances and move on. It's not about making people happy, it's about seeing your future and seeing where you're going and is it right for you; at the end of it, you're the one whose going to be responsible for everything."

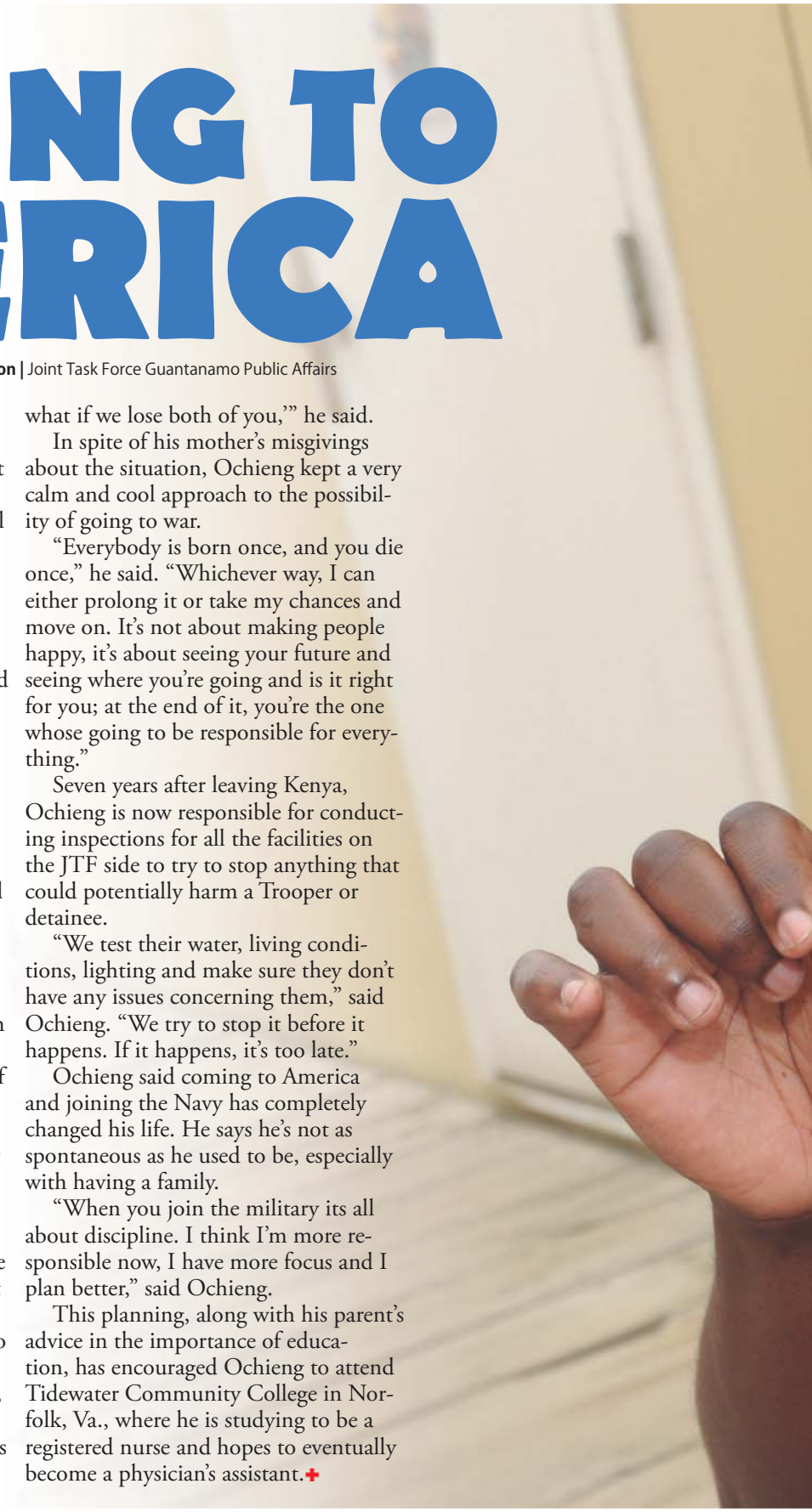
Seven years after leaving Kenya, Ochieng is now responsible for conducting inspections for all the facilities on the JTF side to try to stop anything that could potentially harm a Trooper or detainee.

"We test their water, living conditions, lighting and make sure they don't have any issues concerning them," said Ochieng. "We try to stop it before it happens. If it happens, it's too late."

Ochieng said coming to America and joining the Navy has completely changed his life. He says he's not as spontaneous as he used to be, especially with having a family.

"When you join the military its all about discipline. I think I'm more responsible now, I have more focus and I plan better," said Ochieng.

This planning, along with his parent's advice in the importance of education, has encouraged Ochieng to attend Tidewater Community College in Norfolk, Va., where he is studying to be a registered nurse and hopes to eventually become a physician's assistant.



Navy Hospital Corpsman 3rd Class Alvin Ochieng, Joint Medical Group, explains what it was like to grow up in Nairobi, Kenya speaking both Swahili and English as he attended school at U.S. Naval Station Guantanamo Bay, Cuba. Ochieng has been in the service for almost five years and said he feels truly blessed.

The chief anchors are a symbol of their culture, history and is often life changing. Since 1893, chiefs have carried the responsibility and tradition of leading Sailors and ensuring they are ready to carry out the Navy's mission when their nation calls.

I AM A NAVY CHIEF

Story and photos by Joshua L. Wick | U.S. Navy Bureau of Medicine and Surgery Public Affairs

To an outsider it's just a rank, however the Navy chief, has existed for more than 120 years. Chiefs freely accept the responsibility to bear the traditions and long-standing lineage beyond the call of printed assignment.

The Naval History and Heritage Command notes that the rank of chief petty officer followed from Navy General Order 409 on April 1, 1893. On June 1, 1958 the Navy extended the enlisted ranks to include senior and master chief petty officers.

But, what exactly does it mean to be a Navy chief?

For Chief Hospital Corpsman Cameron Wink, being a chief means that you have been tested, selected, and trained to be the a future leader of the Navy. You have been entrusted with the lives and careers of your Sailors.

"You are entrusted with the sons and daughters of our nation, and your job is to turn them into effective Sailors and contributing citizens of the United States," said Wink leading chief petty officer (LCPO), Naval Hospital Bremerton's Branch Health Clinic Bangor, Wash. "I wanted to become a chief because I wanted the responsibility that a chief has to take care of their Sailors."

For Chief Yeoman Renee Bass, it's the epitome of taking care of others.

"I am by nature a very nurturing individual," said Bass, Substance Abuse Rehabilitation Program (SARP) counselor, Naval Medical Center Portsmouth (NMCP), Va. "I want to help others, and I want them to succeed. What better way to do that on a larger scale than becoming a chief?"

To Chief Hospital Corpsman Brahin Jones, LCPO, Branch Health clinic Yorktown, Va., part of the allure of a chief and the Chief Mess is its revered position and importance to the Navy history. To many current and former chiefs, they are the guardians of naval history and traditions.

"When becoming a chief, you must be able to show our history and heritage to your junior Sailors," said Jones. "If you don't know where you been ... you will never make it to where you are going."

For Force Master Chief Sherman Boss, director, Hospital Corps, U.S. Navy Bureau of Medicine and Surgery it's becoming a part of a heritage where your role is more than your daily duties. There is camaraderie within the ranks of the chief petty officer, a long-standing and exclusive fellowship.

"'Ask the chief' is a household phrase, both in and

More than 100 chief selects, chiefs, senior chiefs and master chiefs assigned to commands in Maryland, Washington D.C. and Virginia joined U.S. Navy Bureau of Medicine and Surgery's Force Master Chief Sherman Boss, director of the Hospital Corps for a run through Washington D.C., as part of phase II of CPO 365.

out of the Navy," said Boss.

When Boss put on his anchors to become a chief, a senior chief and a master chief, it wasn't just his uniform that changed; his way of life changed. More was expected; more will be demanded. It wasn't because he was a Sailor promoted one pay grade to E-7, but because he was promoted to a chief.

It's this drive among Navy chiefs that make them want to have a positive impact on each other and on their Sailors, added Boss.

During Wink's 16 years of service, he can pinpoint several instances where a chief has impacted his life for the better.

"I was sent to Captains Mast as a young E-3 [hospitalman]," said Wink. "I deserved whatever punishment they chose, but my command master chief came to me and tapped me on the shoulder and said, 'Be honest today, but know that we do not eat our young here - we are Sailors and we take care of each other.' Those words will never leave me - ever. Each day that a Sailor comes to me, I remember those words."

Bass stressed that a Navy chief is not just a rank. It represents dependability, support, and knowledge. A Sailor knows that if they go to any chief, results are possible.

"My Sailors know, I will go to bat for them," she said.

Bass and Wink both saw the Navy as an opportunity to advance and learn skills all while servicing their country and explore the world. For these two Sailors at the start of their careers, that was honorable enough. But their mindsets shifted, with experiences, opportunities, and having seasoned chiefs mentor and motivate them just completing an enlistment soon turned into something more for these two. It's become about a linage of family service and events that molded and shaped the leaders they are today.

"As a chief you learn how life is no longer about individual success, but now about how taking care of Sailors impacts the Navy … and you are always reminded that you have countless mentors to assist you," said Bass.

Wink added that to a Sailor - you are the CHIEF - you can build a bridge, you can lift the ship, and you can accomplish anything. To another chief – A chief is a brother or sister, a friend who will give you the shirt off their back and go through the very gates of hell to assist you. They are a sounding board, a source of advice and a pool of knowledge that you have 24/7 access to.

Since 1893 and the creation of the rank of chief petty officer, the lasting traditions, mentoring and skills are still being passed on to the Sailors on the deck plates. According to Boss, this is why so much effort goes into the chief selection process, because those selectees are creating their own legacy as well as carrying on a legacy that was started long before them.

The question may be raised by many but the answer is basic, Navy chiefs aren't merely a pay grade or a rank but a unique fellowship bound by tradition that only 10 percent of the Navy's enlisted force can understand.

Every day chiefs live and uphold the values of honor, courage and commitment. ✚

BALANCING FAMILY AND DEPLOYMENT

Story and photos by Sgt. Jessi McCormick | 102nd Mobile Public Affairs Detachment

After talking to a recruiter for a year, Hospital Corpsman 2nd Class Johanna Ray chose to join the Navy instead of the Army because she didn't want to get dirty.

Seven years and plenty of mud later, Ray is deployed to Multinational Base - Tarin Kot, Afghanistan, as part of a coalition medical team comprised of American and Australian sailors, soldiers, and airmen.

Born in Brooklyn, N.Y., Ray moved to Georgia at age 14. She graduated from Wilkinson County High School in Irwinton, Ga., in 2003, and then attended Georgia Military College in Milledgeville, Ga., where she studied to be a paralegal assistant.

Ray has faced difficult times in the past. In high school, she gave birth to her daughter, Desmonique. She continued to study hard and juggle single parenthood and school work, never losing ground in either. It was because of her daughter that she decided to serve her country and better their future.

In June 2007, Ray reported to Naval Station Great Lakes, Ill., for boot camp.

"It was hard to leave my daughter," Ray said. "She was starting kindergarten, but I knew I had to start this journey at some point."

After completing boot camp, she attended hospital corpsman school and was offered a chance to go to dental technician school. Taking up this offer, she found herself at Marine Corps Base Camp Lejeune, N.C., where she was encouraged by her leaders to attend training at Field Medical Training Battalion (FMTB).

At first, she was hesitant of the idea. She was ready to return home to her daughter, but in the end, she completed the training.

"Going to FMTB was the best thing to happen in my career because it made me mentally and physically stronger," Ray said. "I joined the Navy because I didn't want to get dirty, and there I was, crawling through the dirt and mud. I realized I could do anything. It made me stronger for my daughter."

Ray arrived in Tarin Kot in April 2013. She serves as a field medical service technician and has assisted with several traumas and inpatient care.

In addition to medical roles within the Role 2 hospital, Ray has several other duties. She is the operations leading petty officer and in charge of the inventory of equipment and supplies. She is also a welfare representative, mail clerk, and leads the retrograde process of equipment and supplies.

Ray has worked to redistribute approximately $700,000 in equipment and supplies to other bases in Afghanistan. With the closure of MNB-TK approaching, she has helped decrease the amount of equipment and storage containers by 70 percent.

"I've never seen her unwilling to take on extra responsibilities," said Lt. j.g. Alex Tonsberg, a trauma nurse at the Role 2 hospital. "She's taken the lead with retrograde, which is a vital role. She's dedicated, patient, and willing to learn, and there's nothing that will stop her from accomplishing something she wants to do."

When Ray returns home, she will resume her position as assistant manager at Walmart in Milledgeville, Ga., and continue to further her military career at Naval Operations Support Center Augusta, Ga. She is looking forward to seeing Desmonique and catching up on lost time with her family.

ABOVE - Hospital Corpsman 2nd Class Johanna Ray checks an intravenous line in the trauma bay at Multinational Base - Tarin Kot, Afghanistan.

LEFT - Hospital Corpsman 2nd Class Johanna Ray records a patient's vital signs in the trauma bay at Multinational Base - Tarin Kot, Afghanistan.

LEFT - Hospital Corpsman 2nd Class Johanna Ray packs a box with supplies at Multinational Base - Tarin Kot, Afghanistan. Ray, a Navy Reservist from Milledgeville, Ga., is a field medical service technician at the Role 2 hospital and has redistributed excess supplies to other bases.

LEFT - Hospital Corpsman 2nd Class Johanna Ray adjusts fluids in the trauma bay at Multinational Base - Tarin Kot, Afghanistan. Ray, a Navy Reservist from Milledgeville, Ga., is a field medical service technician at the Role 2 hospital.

SMOKE FREE

Naval Hospital Pensacola helps stop tobacco use

Mass Communications Specialist 1st Class James Stenberg | Naval Hospital Pensacola

According to the Navy and Marine Corps Public Health Center, 24.4 percent of Sailors and 30.8 percent of Marines smoke, which is higher than the smoking rate for U.S. adults.

According to www.cdc.gov, tobacco smoke contains a deadly mix of more than 7,000 chemicals, many of which are toxic and associated with cancer. Smoking can lead to serious health problems like heart disease, stroke, emphysema, other serious diseases and possibly even death.

Naval Hospital Pensacola not only provides exceptional health care, but its dedicated team of health care providers also educate beneficiaries about healthy lifestyles to include the effects of tobacco use.

"Tobacco use is an expensive addiction with a never-ending list of negative consequences," said James Sherrard, head of Deployment Health and Wellness Center, NHP. "Our [beneficiaries] who use tobacco get sick more often, have poorer physical readiness test results and deal with side-effects like fatigue, stress, illness, poor night vision, poor wound healing and depression."

The best choice is to never start using tobacco, however, the benefits to quitting increase the sooner someone stops.

"Quitting tobacco is easier said than done," said Sherrard. "Luckily there are plenty of tools and proven methods available to help."

The Food and Drug Administration (FDA) has approved a variety of smoking cessation products. These include prescription medicines and over-the-counter products such as skin patches, lozenges and gum.

There are also options out there incorporating newer technology such as mobile applications for smartphones or computer tablets like QuitSTART, NCI QuitPal and QuitGuide. SmokefreeTXT is a mobile text messaging service designed for people who are trying to quit smoking. The program was created to provide 24/7 encouragement, advice and tips to help smokers quit.

NHP and most of its Branch Health Clinics offer a month long smoking cessation class that covers the many

different options available to assist individuals with trying to relinquish tobacco use. The class meets once a week for an hour and serves as a support group to assist with the challenges of quitting. TRICARE beneficiaries can also receive medication while attending the smoking cessation class that will assist with the withdrawal process.

Civil service employees that are not TRICARE beneficiaries can attend the class, but will not be able to receive any medication. For more information on program specifics and a schedule of classes, call NHP's Deployment Health and Wellness Center at (850) 452-6326, extension 4100.

Nicotine is a highly addictive substance. Despite all the tools available to help people stop smoking, ultimately the chances of quitting tobacco use rely heavily on the individual's desire to quit.

"I had quit multiple times over a few years," said Hospital Corpsman Second Class Daniel Arnold, assistant leading petty officer, Education and Training, NHP. "I took [prescription medication] to try and get off the nicotine. Then one day after quitting the [medication], I just decided I really didn't want to smoke anymore and I just stopped."

A recent trend with people trying to avoid some of the hazards of smoking cigarettes is the electronic cigarette. According to www.fda.gov, the safety of electronic cigarettes has not been fully studied. Consumers of electronic cigarette products currently have no way of knowing whether electronic cigarettes are safe for their intended use, how much nicotine or other potentially harmful chemicals are being inhaled during use or if there are any benefits associated with using these products. Additionally, the Navy Bureau of Medicine and Surgery (BUMED) has banned the use of electronic cigarettes at all BUMED facilities, such as NHP, which parallels its policy on regular tobacco products.

Quitting smoking is not easy, but there are many tools and medications available to assist with the process. Contact a Medical Home Port Team today or the Deployment Health and Wellness Center to get started on the path to quitting and a healthier lifestyle.

HELPING SAILORS THROUGH THE IA PROCESS

Story by Mass Communications Chief Mary Popejoy | Expeditionary Combat Readiness Center

(Left to Right) Cryptologic Technician (Interpretive) 1st Class Jose Manuel Cunha, a mobilized Reservist returning from an Individual Augmentee assignment, fills out medical paperwork with Hospital Corpsman 1st Class Katherine Evans, Navy Mobilization and Processing Site (NMPS) Norfolk Medical Dept. leading petty officer. NMPS Norfolk provides integrated IA processing for active duty and Navy reserve members deploying/redeploying in support of combatant command IA/ Integrated Logistics Overhauls (ILO) requirements, contingency operations or national crisis.

Navy Individual Augmentees (IA), active and Reserve, do not simply receive their orders and deploy to far away locales at a moment's notice; there's much to do before a Sailor is able to put boots on ground.

Once a Sailor receives their IA orders, they must read them closely because they contain information regarding the Pre-Deployment Health Assessment (DD 2795), Expeditionary Screening Checklists (ESC) (NAVPERS 1300/22) (administrative and medical/dental) (NAVMED 1300/4), Isolated Personnel Report (ISOPREP) requirements, and information concerning their Navy Mobilization and Processing Site (NMPS).

Sailors will either process through NMPS in Norfolk or San Diego to complete their pre-deployment screenings and requirements. NMPS will verify that all required items listed in your orders and on the Expeditionary Screening Checklist were completed, Navy Knowledge Online (NKO) e-learning courses were completed, all medical and dental screenings are satisfactory (including vaccinations), and that your security clearance is up to date. In addition, NMPS will issue your mission-specific IA uniforms.

"I encourage sailors to be proactive when completing the Expeditionary Screening Checklist because it will help their processing time through NMPS go a lot smoother," said Cmdr. Sam Scafe, NMPS Norfolk officer-in-charge.

Deploying IA Sailors spend a week at NMPS attending informational briefings and completing medical/dental screenings, just to name a few things, in order to ensure IA Sailors are 100 percent ready to deploy and execute their missions.

"The NMPS process is an imperative step

in the IA process because they prepare us on all of the "other" issues, i.e. pay, Tricare, and self-care so that we can focus on the final mission," said Personnel Specialist 1st Class Misty Parker, a mobilized Reservist with Expeditionary Combat Readiness Center. "Every Sailor is unique, and NMPS has proven time and time again to be fully capable of preparing us all individually, so we can perform as a team on our missions," said Parker.

With so many Sailors processing through NMPS Norfolk on a regular basis, Yeoman 2nd Class Ryan Richardson, NMPS Norfolk leading petty officer and site manager of the Deployment Department, is committed to making the NMPS process painless.

"Time is precious at NMPS, so all of their days are filled with things to do because the last thing we want to do is waste their time," said Richardson. "Our goal is to provide great customer service to those going forward because we want them to leave here on a positive note knowing that we truly appreciate their service and the sacrifices they are making to fulfill this obligation for the Navy," he said.

With all the hustle and bustle of NMPS Norfolk and pre-deployment anxiety, Chief Information Systems Technician (SW) Michael Lewis, a mobilized Reservist from Navy Operational Support Center (NOSC) Norfolk, was nervous initially; that all soon faded when he arrived at NMPS.

"When we checked in the first day we got a folder filled with paper, and the daily schedule attached to the outside of it, which was nice because it really took the edge off of a lot of the nervousness I had in regards to the week," said Lewis.

Customer service is a big piece of the NMPS Norfolk puzzle, and has a lasting impact on those that process through there.

"The customer service I have received with NMPS Norfolk has been exceptional both times," said Parker. "It is their mission to prepare IA's for deployment and they have succeeded with me when I deployed to the Horn of Africa and Kuwait. As a reservist that has mobilized and processed through NMPS Norfolk several times,

they have proven to be prepared and informed on my own unique situations, which I appreciate a great deal," she said.

The primary focus for the 24 enlisted sailors and four officers at NMPS is to ensure every IA Sailor is deployment ready, but the second requirement is to treat everyone like they are a part of the NMPS family.

An Individual Augmentee Sailor tries on a uniform blouse to see which size fits him best during uniform fitting at Navy Mobilization and Processing Site (NMPS) Norfolk.

"We do our best to make the IAs feel welcome because the less stress they have prior to deployment the better," said Hospital Corpsman 2nd Class Jonathan Kight, NMPS medical department. "Sometimes all it takes is letting them know that I have been where they are, and we're going to take good care of them. I also like to remind them that NMPS is going to be more fun than they expect because they are going to meet friends that will last a lifetime," said Kight.

Equipped with new friendships and tools for a successful IA assignment, IA Sailors depart NMPS for additional training opportunities or to their IA assignment.

The NMPS process does not end there because they are also responsible for processing IAs returning from deployment. The process is slightly different upon return for active duty and reservists.

"Active duty Sailors can process through here in about four hours, while reservists are here for a week or two to de-mobilize off of active duty," said Scafe.

The focus upon return is the same as when they initially arrived at NMPS.

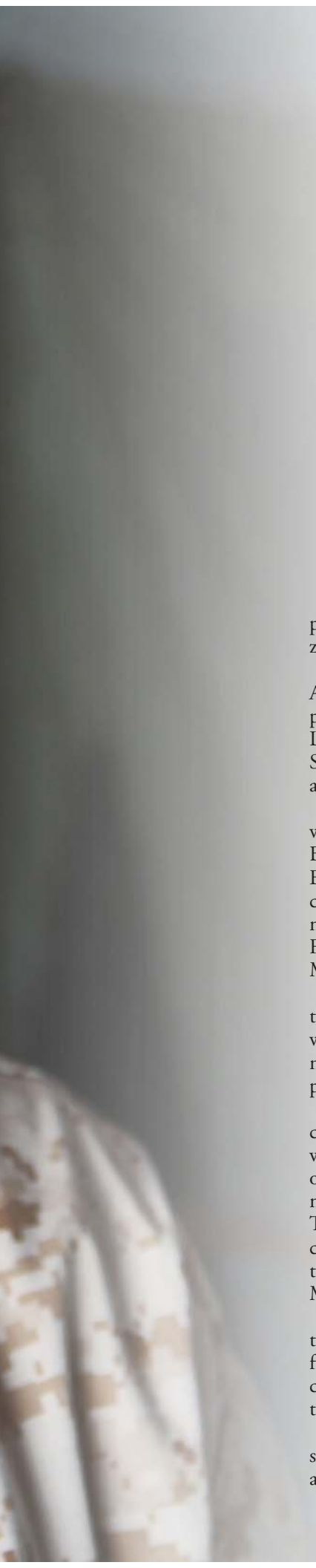
"Our goal is to make the re-deployment process as painless as possible so we can get them on their way to their families and parent commands or NOSC," said Richardson.

Cryptologic Technician (Interpretive) 1st Class Jose Manuel Cunha, a mobilized reservist who was deployed to Naples Italy, is thankful that Sailors have to process through NMPS before returning home.

"It's better than having nothing in place for IAs returning from deployment," said Cunha. "This way I know when I de-mobilize and head back to NOSC Manchester, I won't have to worry about deployment stuff because NMPS Norfolk took good care of me."

NMPS Norfolk provides integrated IA processing for active duty and Navy reserve members deploying/redeploying in support of combatant command IA/Integrated Logistics Overhauls (ILO) requirements, contingency operations or national crisis.

Hospital Corpsman 2nd Class Andres Aguirre, Bravo Company, 1st Medical Battalion, 1st Marine Logistics Group, poses for a photo aboard Camp Pendleton, Calif. *(Photo by Lance Cpl. Keenan)*



CORPSMAN TRAINS IN BRAZIL

Story courtesy of 1st Marine Logistics Group

Working for the Navy can provide opportunities to see the world, broaden horizons and become an effective leader.

Hospital Corpsman 2nd Class Andres Aguirre, platoon sergeant with Bravo Company, 1st Medical Battalion, 1st Marine Logistics Group, is a prime example of a Sailor who has traveled to far off countries and learned to lead from the front.

Aguirre recently returned from Brazil where he was the duty corpsman for the Brazil Law Enforcement Subject Matter Expertise Exchange, a bilateral training exercise between Marines from 1st Law Enforcement Battalion, 1st Marine Expeditionary Force Headquarters Group, and Brazilian Marine Corps military policemen.

Aguirre is slated to return in the near future and participate in a follow-on exercise where sailors with 1st Med. Bn. are planning to train with their Brazilian counterparts improve their combat life-saving skills.

"My purpose for this mission was solely corpsman coverage, in case any of our guys were hurt or injured." said Aguirre, a native of Houston. "Pretty much everything [the military policemen] did, I was able to do. The people there are really humble and welcoming. My favorite thing about Brazil was the camaraderie we built with the Brazilian Military."

While Aguirre loves to travel and see the world, it is difficult for him to be away from his family. Aguirre has a wife and two children at home and sometimes is unable to see them for months at a time.

"It can be pretty tough on the family," said Aguirre. "But, the kids are getting older and I think my son understands."

Despite having to leave his family, Aguirre finds motivation to go above and beyond everyday at work.

"I enjoy what I do," said Aguirre. "I enjoy having a leadership role. I enjoy taking care of my troops. Being in the medical community, at first I was hesitant, but it's been great."

As the platoon sergeant, Aguirre is responsible for roughly 100 Sailors. He ensures everyone is working hard and at the end of the day, completes the mission.

"My responsibility is making sure these [Sailors] are on task," said Aguirre. "I'm the link between the staff and the junior enlisted: the staff tells me this needs to be done and I'm the guy that makes sure that it gets done."

Aguirre is well respected in Bravo Co., and his leadership is outstanding according to his superiors and the Sailors he works alongside.

"His performance as a Second Class Petty Officer is way beyond that of any other Second Class Petty Officer I've ever encountered in the Navy," said Hospital Corpsman 1st Class Geno Oliva, leading petty officer, Bravo Co., 1st Med. Bn. "He makes sure the show runs smoothly."

Aguirre exceeds the expectations set for him in order to ensure that his Sailors are set up for success.

"He is always conscious of the safety, morale and welfare of his troops," said Hospital Corpsman 1st Class Jason Cordero, independent duty corpsman, Bravo Co., 1st Med. Bn. "If you were to go into a firefight, you would want him on your six, protecting your back. He's got you."

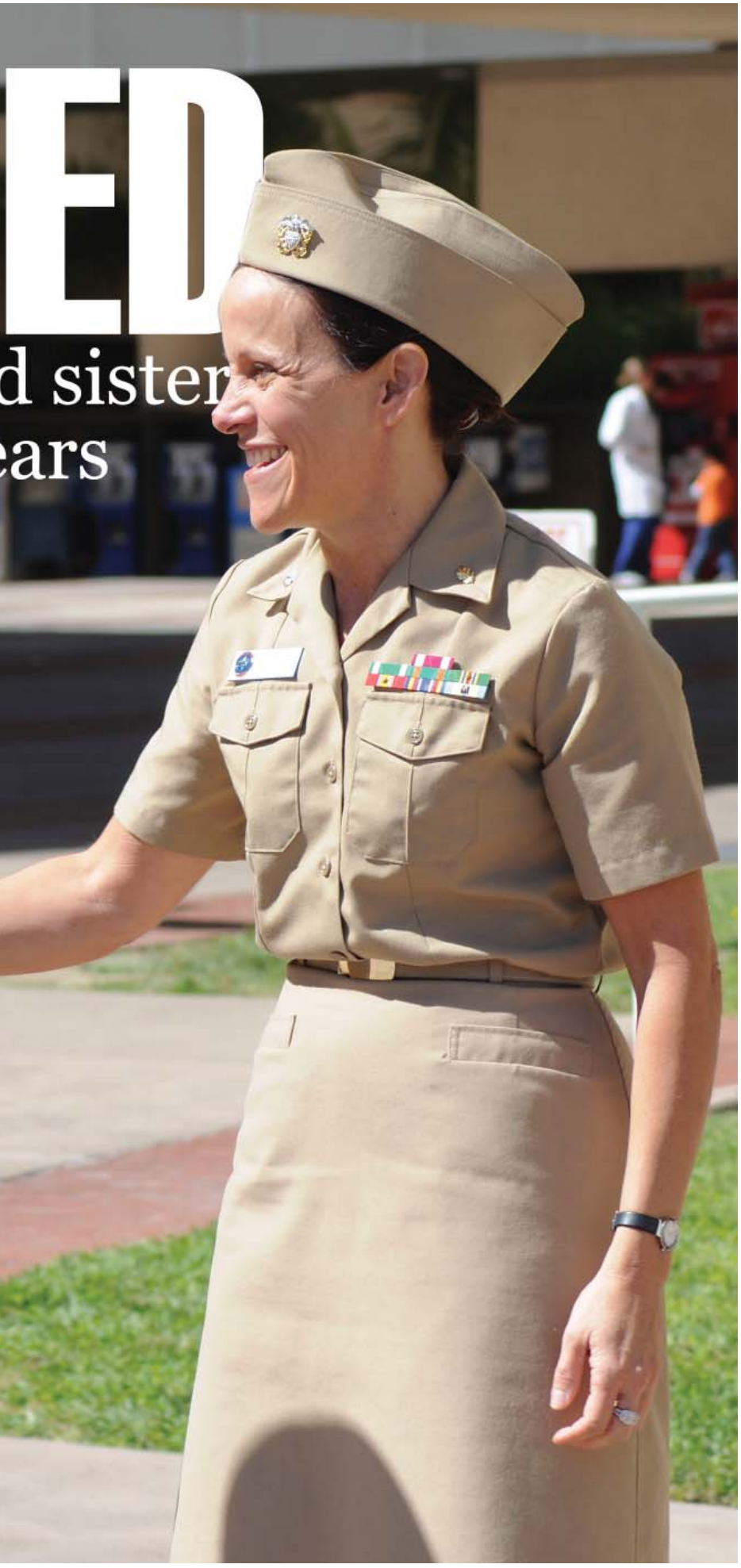
REUNIT

Navy brings brother an together after 30 ye

By Mass Communication Specialist 2nd Class Sean P. Lenahan
Naval Medical Center San Diego Public Affairs

"I remember holding him in my arms when he was just a tiny baby."

- Cmdr. Cindy Murray, senior nursing officer



The term "Navy family" took on a whole new meaning for two Sailors serving less than 320 miles apart. Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego (NMCSD)'s Military Health Center, was separated at the age of eight from her brother Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., says, "I remember holding him in my arms when he was just a tiny baby."

Uprooted from her home in the greater Denver area, Murray lost all contact with her brother after her father and mother split up in the late 1970s. Williamson remained with his father and stayed in Denver. Each sibling searched high and low for the other, making it their personal mission to recover what they had lost.

"I waited my whole life to see him again," said Murray.

Both were unknowingly elusive from each other at times.

"I've known Cindy was there and I have always tried to locate her, but I could never lock down where exactly she was," added Williamson.

At long last, with both of them having more than 20 years in the service, the Navy became the conduit to find each other.

"I [called] my father, who I hadn't spoken to since I was 20, and he tells me Robert is in the Navy. I got my chief and said 'find this name, this is my brother!" said Murray.

Murray's leading chief petty officer (LCPO), Chief Petty Officer Hospital Corpsman Jeremy Simon, made the connection possible.

Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego's (NMCSD) Military Health Center, holds hands with her brother, Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., for the first time in more than 30 years. Murray lost all contact with her brother after her parents split up; she was just eight years old at the time. *(Photos by Mass Communication Specialist Seaman Justin W. Galvin)*

Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., wipes tears off the face of his sister Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego's (NMCSD) Military Health Center, after meeting for the first time in more than 30 years.

"She learned that he may be a chief petty officer and asked if I knew how to find him. Someone asked me for help and I just did what I do, I helped. I figured she would fill me in on the back side once everything calmed down," said Simon.

Williamson then received a mysterious phone call.

"It was kind of funny. Being a chief [in the Navy] we have chiefs everywhere. I was at work really busy and then I was told that there is [a chief] and a commander from San Diego that is on the phone for me," explained Williamson.

Simon was able to locate Williamson and connect him to his sister via telephone within 30 minutes. Things became even more surreal when the two of them actually spoke to each other over the phone.

"Do you have any idea how long I have been looking for you? I've looked for you forever and here you are in the Navy, we were practically under each other's noses."

- Cmdr. Cindy Murray, senior nursing officer

Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego's (NMCSD) Military Health Center, embraces her brother, Chief Aviation Ordnanceman Robert Williamson, assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., for the first time in more than 30 years.

"I said, 'This is your sister Cindy, I can't even believe this is happening. Do you have any idea how long I have been looking for you? I've looked for you forever and here you are in the Navy, we were practically under each other's noses,'" said Murray, choking up. "It was a very emotional phone call."

Williamson explains what it was like on his end of that fated phone call.

"It was overwhelming! You have a million questions that you want to ask. I was so excited I even forgot to ask what she does in the Navy," said Williamson.

The two shared information about their lives and noticed a lot of similarities.

"Colorado is more known for the people joining the Air Force or National Guard there, we weren't really around the Navy. But knowing we are both still making a career out of it … is kind of weird," said Williamson.

For Murray it was the simple things that she found interesting.

"We both love goldfish crackers and we both love the same types of TV shows," said Murray.

Now in constant dialogue through emails, social media and phone calls, the brother and sister have a lot of catching up to do.

"After the first phone call, our Facebook pages imploded. We sent each other pictures immediately and we both posted mutual stories," said Murray.

With the reunion came new family members from Williamson's side for Murray.

"My wife is just ecstatic, I didn't really have any immediate family and now I have someone! I have three boys and a grandson and they are all surprised. Since the kids are older it's a lot easier because they are all very understanding," said Williamson.

They even talked about spending future vacations and holidays together.

"We are hoping to get together with his family in Cabo San Lucas for Christmas since I have a timeshare," said Murray.

Simon shared his thoughts on the role he played in making this long-awaited reunion possible.

"Helping this family is one of the proudest moments in my career," he said. "Our Navy is awesome and to find out that they are both serving does not surprise me. There is a bond among siblings and where one is serving you can usually find another," Simon said.

Williamson explains what it's like to finally having his sister in his life.

"The main thing is to never give up. Multiple times she looked and looked and one little phone call ended 30 years of no contact," said Williamson. "Amazing. Outstanding."

A shared smile with compassionate care went a long way to help win over hearts and minds and facilitate relationships with residents in the Tarin Kowt area of Uruzgan province, Afghanistan. Lt. Cmdr. Leah Brown, Navy orthopedic doctor from Naval Hospital Bremerton was assigned to Combined Joint Special Operations Task Force - Afghanistan and deployed to the Role 2 hospital at Tarin Kowt Forward Operating Base from Oct. 2012 to May 2013 where as part of an all-female medical team took on a humanitarian role to provide needed medical care to residents in the area. *(Photos courtesy of Lt. Cmdr. L. Brown)*

Navy Doc Brings Care To Afghanistan

By Douglas H Stutz | Naval Hospital Bremerton Public Affairs

The Tarin Kowt district of Afghanistan is mired in poverty, wracked by warfare, and beset by a host of concerns such as lack of available medical care.

Lt. Cmdr. Leah Brown helped to alleviate some of that medical care shortage by providing direct patient-centered care to the local population during her time recently deployed with Combined Joint Special Operations Task Force – Afghanistan.

Brown, an orthopedic doctor at Naval Hospital Bremerton received the Army Bronze Star for her humanitarian efforts when she assigned to the Role 2 hospital in Tarin Kowt Forward Operating Base, located in southeast Uruzgan province from Oct. 2012 to May 2013.

"I was part of a medical team utilized by special operations and we took on a humanitarian assistance role to visit the local hospital which served the entire province. They had a very large catchment area. It is also one of the poorest regions as well as a very traditional area that really needed dedicated medical support," said Brown, an Atlanta, Ga. native with 10 years of Navy service.

Brown noted that as part of the Role 2 hospital's medical team, she and others were invited by the local hospital equivalent of chief medical director to help them care and offer services to the surrounding population. Brown conducted orthopedic surgeries that the local doctors couldn't handle as well as provided orthopedic care to many local children and men. She made such a positive impact, she even started treating women.

"Being able to treat Afghan women

Lt. Cmdr. Leah Brown (second from left kneeling) and other members of the Role 2 Hospital at Tarin Kowt Forward Operating Base share a brief moment from providing needed direct patient-centered care to the local population of Uruzgan province, Afghanistan.

was a very big deal due to their rigid beliefs rooted in old ways. It was a huge turnaround and a big accomplishment," Brown said, adding that as part of an all-female team, they really made a strong positive impression in providing health and wellness care.

As a result of their efforts, Brown attests that the all-female medical team really helped to win over hearts and minds and facilitate relationships.

"We started to see women on a regular basis at the Role 2. But at the start, we never saw any. Then we started to see young girls, then older women and then mid-adult age women. This symbolized that we had advanced in our relationship and were trusted. We visited the hospital and coordinated getting the patients to the base to the Role 2 facility which was one of the reasons it was such a big deal. It also helped to have an advanced female medical team made up of an orthopedic doctor, anesthesiologist, critical care nurse, hospital corpsman and translator. We pulled from every level of care we had to comprise our team," said Brown.

The all-female team became high profile in the area, primarily all Navy with three Air Force personnel. They utilized all the resources at their disposal and devoted extra time and effort helping the local populace. Brown and her team shared what they could, donating underutilized supplies such as gauze and a few instruments. All this helped to show that they were willing to assist the locals. Still, they were in the midst of a very volatile region of the country. They were always very careful in going to the hospital to provide medical care. Hospital visits were always carefully coordinated with safety and security being of paramount importance.

The local hospital itself had seen better days. Three decades of war had depleted skilled medical workers, what supplies were to be had, and there was a limited infrastructure, not only in the hospital but throughout the region.

"It was a hard deployment but our entire base embraced what we did at the hospital. Everyone got involved, from helping with a blood transfusion to bearing a litter."

- Lt. Cmdr. Leah Brown

Taking a photographic pause for the cause, Lt. Cmdr. Leah Brown, Navy orthopedic doctor from Naval Hospital Bremerton and Atlanta, Ga. native, shares a shutterbug moment with Tarin Kowt locals during her time deployed to the Role 2 hospital at Tarin Kowt Forward Operating Base from Oct. 2012 to May 2013 as part of Combined Joint Special Operations Task Force - Afghanistan.

"The hospital staff was limited due to the constant danger and there were simply not a lot of resources. It was also frustrating to see so much poverty and what the prolonged war had done to the country. In conversation with our translators, they would share on how it used to be. It's sad," Brown said.

Due to local tradition, the Tarin Kowt hospital was segregated along gender line. There was an entire separate area in the hospital for women, which lacked many of the amenities found on the other side of the hospital.

"It was vastly different. We even provided a lot of health items for women. Their female medical director, really an equivalent to a midwife, was aggressive in pushing the agenda for women's health care. We did mid-wife training for a group of 14-15 year old girls, who were essentially the only providers available for women there. The main concern for medical attention for women was it was just mainly required during the birthing process," related Brown.

Along with being smack in a war zone and trying to deliver medical care to a populace in need, there were constant logistical, location and logical issues to handle and try to comprehend on a daily basis. Those dilemmas were part of the legacy of constant warfare, pain, and suffering for overlapping generations over the past 30 years.

"Dealing with the Afghan people in such a different environment to ours, and trying to understand the psychology of them living in nearly impossible situations was so difficult," Brown shared, adding that the cultural divide would always lessened when a local hospital provider would contact them to see a specific patient.

"There were many cases I remember such as when we were asked to care for a local child with a femur fracture that had been that way for a week, and the provider added an 'oh by the way can I send another I'm caring for.' The other kid, around 10 to 12 years old, had wounds sustained from live ordnance – with a finger already amputated, an upper extremity open wound and a serious tibia fracture. We took care of him and essentially saved his leg," said Brown.

Local children finding improvised explosive devices and unexploded ordnance were a constant theme. Another local child found ordnance and the resulting blast caused a huge skull defect.

"The child's father had cared for him but we took him in and immediately

Uruzgan residents arrive at the Tarin Kowt hospital that serviced the entire southern Afghan province. As one of the most traditional areas, it wasn't until an all-female medical team that included Lt. Cmdr. Leah Brown earned their trust by providing medical care to the local populace. Brown, Navy orthopedic doctor from Naval Hospital Bremerton, assigned to Combined Joint Special Operations Task Force - Afghanistan was deployed to the Role 2 hospital at Tarin Kowt Forward Operating Base from Oct. 2012 to May 2013. For her efforts, Brown was recognized with the Army Bronze Star.

provided emergency care. With treatment and therapy the young child went from being bed ridden to using a walker to zooming around our area," remembered Brown, adding that they then got to send him to the Role 3 multinational medical unit at Kandahar Air Field and then on to Landstuhl Regional Medical Center in Germany for neurological help. "It was case by case consideration, but that's an example of doing all we can."

"It was a hard deployment but our entire base embraced what we did at the hospital. Everyone got involved, from helping with a blood transfusion to bearing a litter. There was a definite 'what can we do to help?' feeling at the FOB. From the gate to operating table to recovery, a local was never alone. The morale of our forces always got a boost from helping a local who received medical care. It gave us all an improved outlook," Brown said.

The deployment also had traumatic moments. Special Warfare Operator 1st Class Kevin Ebbert, a hospital corpsman with 18-Delta combat medical training, was killed in action on November 24, 2012 while supporting stability operations in Uruzgan Province.

I was able to work with a great team. We made due with the resources we had. There was no 'Gucci medicine' practiced here. We were all a little proud to do a lot without all the extras that are normal at our military treatment facilities. We got used to that. I wish people knew more on what we did," stated Brown.

Brown's efforts did get noticed internally with the Army Bronze Star. Her advice for those following?

"Practice medicine with the total altruistic reason that got you into the field in the first place. You get what you get and you provide what you can, even if it's just a band-aid or pair of crutches with a smile," shared Brown.

Note: Role 2 is a Battalion Aid Station providing emergency surgical care, stabilizing hemodynamic status in order to send the patient to the Role 3. It is also where the wounded are linked up with a nurse and physician in the chain of evacuation. A Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. The Role 3 multinational medical unit at Kandahar Air Field has the highest level of care available in theater, with additional capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, and preventive medicine. Landstuhl Regional Medical Center, Germany, is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are stateside rehabilitation facilities.✚

Joint Efforts in Preventive Medicine

By Lt. j.g. Richelle Magalhaes | U.S. Naval Hospital Guam Preventive Medicine

Navy Environmental Preventive Medicine Unit Six Entomologist Lt. Ryan Larson, and Hospital Corpsman 3rd Class Derrick Haynes, U.S. Naval Hospital Guam preventive medicine technician, set up a mosquito trap.

Active Duty members from the Army, Navy and Air Force received training on the newly revised Tri-Service Food Code. The class was facilitated by Navy Environmental Preventive Medicine Unit Six and hosted by U.S. Naval Hospital Guam. The new food code combines Army, Air Force and Navy food inspection manuals and guides. This class integrated service members encouraging them to work as a team through complex real life scenarios.

The week of August 12-16 U.S. Naval Hospital Guam, Preventative Medicine Department played host to the Honolulu based Navy Environmental Preventive Medicine Unit Six (NEPMU-6) due to the upcoming roll-out of the new Tri-Service Food Code.

The new food code combines Army, Air Force and Navy food inspection manuals and guides. This is to provide one comprehensive reference to assist in the integration of joint bases and to get sister services on the same page. Because of this, USNH Guam Preventive Medicine Department also hosted the local Army Veterans and Air Force Public Health in support of this joint effort.

Training is a very important aspect of any job. In Navy health care, it is especially important to the mission and especially to the patients. In preventive medicine, training on the latest policies ensures the population under their care can remain healthy and safe.

EPMU-6 provided training, and lead exercises for up to 20 Active Duty, food and health inspectors, which focused on an understanding of the new regulations. Instructors provided education on use of the new inspection forms each military branch is slated to utilize by December 2013. The class integrated the Service Members encouraging them to work as a team through complex exercises, providing them a glimpse into the joint work dynamic that is the future of the military. Upon completion of the course, attendees became qualified to teach the course to their respective constituents at their installations.

Environmental Health Officer, Lt. Martha Claeys Jacobson, provided trainings and certifications related to food service and provided a class in shipboard sanitation. Entomologist (a zoologist who studies insects), Lt. Ryan Larson, provided courses in pest management including, Department of Defense Pesticide Applicator certification and Shipboard Pest Management.

Larson also assisted USNH Guam Preventive Medicine by looking over the base-specific policies, the types of traps currently used to capture mosquitoes, instructed proper mosquito identification techniques and ventured out with the USNH Guam Preventive Medicine Technicians (PMTs) to evaluate mosquito trap placement around the bases and housing compounds.

Hospital Corpsman, third class Petty Officer, Derrick Haynes, the PMT in charge of mosquito trapping and identification, said Larson contributed a great deal to the program, "Lt. Larson taught me how to better identify the nesting grounds for mosquitoes and to better differentiate between mosquito species," he said.

Currently, USNH Guam Preventive Medicine Department receives support from NEPMU-6 in all matters related to public health. They possess laboratories, data centers, specialists and subject-matter experts in fields such as; industrial hygiene, environmental health, entomology and expeditionary preventive medicine to provide information, support and aid to operational forces and shore based Navy personnel.

The USNH Guam Preventive Medicine Department is responsible for a wide variety of public health protection such as; inspecting base eateries, administering flu shots, disease outbreak investigations and base vector surveillance. As mentioned earlier, USNH Guam Preventive Medicine also utilized NEPMU-6's entomologist, Larson, to improve upon the existing mosquito surveillance program.✚

EXPEDITIONARY MEDICINE

Story and Photos by Marine Corps Sgt. Paul Robbins | 31st Marine Expeditionary Unit

Navy Lt. Chris A. Cruz, a 29-year-old medical doctor for Combat Logistics Battalion 31, 31st Marine Expeditionary Unit, provides an intra-articular, sub-patella injection for pain relief during Exercise Koolendong 13. The doctors and corpsmen of the 31st MEU's logistics combat element and command element operate multiple aid stations to maintain the health of more than 250 Marines and Sailors training in the area.

Expeditionary operations sometimes require a military force to be hundreds of miles from the nearest hospital or emergency services. That's why the 31st Marine Expeditionary Unit brings their own.

The doctors and corpsmen of the 31st MEU's logistics combat element and command element operate multiple aid stations to maintain the health of more than 250 Marines and Sailors working in the Task Force Maintenance Area for Exercise Koolendong 13.

"We provide basic medical support to the logistics combat element, the command element, the aviation combat element and everyone else here," said Navy Lt. Chris A. Cruz, a 29-year-old medical doctor for Combat Logistics Battalion 31, 31st MEU.

One doctor and five corpsmen provide services ranging from general sick call and first aid to treatments for heat casualties and minor surgical procedures. The small staff supports the command operations center, vehicle maintenance section, motor transportation pool, fuel depot and flight line with less than 1,000 pounds of supplies and equipment.

The medical professionals packed light for Koolendong after assessing the length of the exercise and proximity to live-fire training. A week of training far from the ranges led the staff to focus on the weather. With the ground combat element's corpsman providing medical support for the live-fire training, heat

Navy Hospital Corpsman 2nd Class Jason M. Turgeon (center), a 37-year-old preventative medical technician for Combat Logistics Battalion 31, 31st Marine Expeditionary Unit, and Navy Hospital Corpsman 3rd Class Jacob J. Hanson, a 22-year-old corpsman with CLB-31, 31st MEU, assess a Marine's vital signs during Exercise Koolendong 13.

casualties would be the primary concern.

"The Marines have spent weeks in a temperature-controlled ship, then trained in cool weather for Talisman Saber near Brisbane, and are now in Darwin where it is in the 90's every day," said Hospital Corpsman 2nd Class Jason M. Turgeon, a 37-year-old preventative medicine technician for CLB-31, 31st MEU and a native of Memphis, Tenn. "The body requires three weeks to acclimate to a new climate. When mission-dictated, they do it in a day."

The medical section came prepared for a week of basic care, but their capabilities could stretch well beyond that. Up to 2,400 pounds of equipment and supplies can be transported along with the unit, keeping the aid stations capable of providing care for up to four weeks without re-supply.

Even if the month passes and the supplies dwindle, the well-trained doctors and corpsmen can continue to provide medical services.

"Based on medical knowledge, we can continue to provide quality care even as supplies start to run low," said Cruz, a native of Arlington, Texas.

The support provided by the CLB-31 and command element medical staff is crucial to the 31st MEU's ability to operate as a fully functional Marine Air-Ground Task Force. With their aid stations, combined with the ground combat element's aid stations and the Forward Resuscitative Surgery Suite, the unit can handle most emergencies.

"The medical staff is more than personnel and equipment, it is a capability the 31st MEU can use in a contingency," said Lt. Col. Omar J. Randall, the 38-year-old commanding officer of CLB-31, 31st MEU, and a native of Bronx, N.Y. "They allow us to enter an austere environment and operate independently."

The 31st MEU moved a battalion-sized element more than 300 miles inland to conduct a week-long, live-fire exercise. Koolendong demonstrates the operational reach of the 31st MEU and reinforces why it is the force of choice for the Asia-Pacific region. Also participating in the exercise is the Marine Rotational Force – Darwin and soldiers of the 5th Royal Australian Army. The 31st MEU brings what it needs to sustain itself to accomplish the mission or to pave the way for follow-on forces. ✚

THE BULL ENSIGN

By Joshua L. Wick | U.S. Navy Bureau of Medicine and Surgery, Public Affairs

Vice Adm. Matthew Nathan, surgeon general of the U.S. Navy and chief, Bureau of Medicine and Surgery speaks in front of a command formation outside the Navy-led NATO Role 3 hospital in Kandahar, Afghanistan. Nathan return a stuffed bull [toy] to the hospital's "Bull Ensign," then-Ensign Erin Sullivan. A Bull Ensign is the senior ensign assigned to a Navy command. This designated Ensign assumes various roles and responsibilities outside their normal duties, in an effort to mentor junior Sailors and officers. *(Photos courtesy of Lt. j.g. Erin Sullivan)*

During a recent visit to the Navy-led NATO Role 3 hospital in Kandahar, Afghanistan, Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief of the U.S. Navy Bureau of Medicine and Surgery had the opportunity to participate in some comic relief at the expense of the hospital's "Bull Ensign."

Ensign Erin Sullivan, a medical surgical nurse, deployed in support of Operation New Dawn, was called in front of the command formation where Nathan presented her with a toy bull that she was told to carry at all times.

"I actually thought I lost the bull [toy]," said Sullivan. "I was wrong. It was apparently strategically taken, and in a clever manner … my friends here thought it would be funny if it was returned to me by the surgeon general."

A Bull Ensign is the senior ensign of a Navy command (ship, squadron, or shore activity). In addition to normal duties, the Bull Ensign assumes various additional responsibilities such as teaching and mentoring less-experienced ensigns and junior enlisted personnel about Navy life.

"It's cool to have the opportunity to be the Bull Ensign and keep this Navy tradition alive," Sullivan said. "I enjoy teaching and learning and being in a role where I get to mentor junior officers and corpsmen."

Sullivan added that improving their clinical knowledge and skills is something that she appreciates for her own personal and professional development.

"It's an awesome experience to be in a job field where you can educate others regarding life-saving skills, as well as life itself," she said.

Sullivan, a native of Park Ridge, Ill., is a graduate of Loyola University Chicago where she received her commission through the university's ROTC program.

Prior to arriving in Afghanistan, Sullivan was stationed at Naval Medical Center San Diego (NMCSD) Calif., where she worked on the internal medicine unit.

"Traumas here are unlike any other; they come in waves and everyone at the Role 3 needs to be ready for that at any given time," Sullivan said. "Even though we are a trauma hospital, we also see patients with non-combat injuries or illnesses. Patient care isn't always physical; it can also be emotional and psychological."

She added that having the opportunity and ability to take care of those who

Then-Ensign Erin Sullivan with her toy bull on the propeller of a MQ-9 Reaper. The toy is the mascot for her position as the NATO Role 3 hospital's "Bull Ensign."

have risked their lives and sacrificed so much provides fulfillment and satisfaction in her life. Working with NATO forces and at a smaller Navy command like the Role 3 Hospital in a combat zone in the middle of Afghanistan, there is almost a "family" feel to it with the size and staff.

"This deployment so far has opened my eyes to the selfless nature of our men and women in uniform," she said. "It's pretty easy to see how we fit together like a puzzle- there is no us without them and there is no them without us. We need each other."

This has helped shape Sullivan's views on leadership and mentorship.

"I recognize that leaders need to be able to develop and encourage their staff. We are influential," she said. "I always try to keep an open-mind while providing a positive and welcoming atmosphere."

According to Sullivan, her mentors continue to motivate and teach her as she fulfills her goals. Mentors are also responsible for Sullivan's understanding that the most important thing is to put your junior sailors first.

"One of the Navy's greatest strengths is the development of its people," said Capt. Daniel Zinder former commanding officer of the NATO Role 3. "If we wait until late in our careers to start helping junior offers and enlisted then we lose a lot of opportunity to learn how to mentor ourselves."

Zinder added that Sullivan took on the role of Bull Ensign in everything she did, and with great enthusiasm. He actually suggested to Sullivan to continue the Bull Ensign tradition at the hospital.

"It's a great way to continue relationship building and allowed their team to have some good safe fun together that they could talk about years later," Zinder said.

When Sullivan returns to San Diego, she will spend a few more months working at NMCSD. She hopes to make the Navy a career: to be stationed overseas one day, and become either an ER or trauma nurse.

"I never thought I would be a "Bull Ensign." I joined the Navy to give back," she said. This deployment and position have been a great experience."

"Traumas here are unlike any other; they come in waves and everyone at the Role 3 needs to be ready for that at any given time."

- Ensign Erin Sullivan

Marines from I Marine Expeditionary Force Headquarters Group, Motor Transport Company, entered their first combat life saver class of the week aboard Camp Pendleton, Calif.

Hospital Corpsman 2nd Class Andrew Owensby, lead instructor of the Combat Life Saver course with I MEF, Advisory Training Cell, has taught the class for approximately a year.

"It's a weeklong class in which we run deploying students through our curriculum and get them ready for the real-world battlefield situations in which they might have to treat a casualty," Owensby said.

Capt. Edward Ritter, Motor Transport officer for I MHG, participated in the class with his platoon and looked for them to gain confidence with one another.

"Aside from killing the enemy, survivability on the battlefield is the most important thing we do," Ritter said. "Marines have to trust that if they're wounded or injured, the Marines around them are going to know what to do, be able to do it efficiently, and get them off the battlefield and survive with the majority of wounds they might sustain. That confidence makes us lethal."

Cpl. Taylor Farr, a participant in the CLS course from Motor Transport Company, I MHG, said he took the course once before, prior to a deployment, but luckily never had to use the skills he learned.

"It's good to see that the people that are going to be out there with you know how to take care of you. Not only can you take care of someone else, but you know that the people there with you can get you out," Farr said.

Owensby has supervised approximately 15 classes during his involvement with CLS. He oversees a group of instructors who have used the skills of CLS on the battlefield.

"We like to share our stories with them to let them know what has worked and what hasn't worked," he said. "And we really try and let them know that this isn't just another course. This is something that if you don't grasp you could actually let your friends die."

The curriculum offers two days of classroom instruction followed by practical application for the rest of the week and a final scenario the last day.

During more than a week of relaying vital information that could save a friend's life, Owensby highlighted the most important skill taught in the class.

"The biggest thing that we harp on here at CLS is tourniquet application," he said. "It is the easiest thing to do to save someone's life."

All Marines in combat carry at least one tourniquet at all times along with an individual first aid kit with a variety of medical items.

Aside from applying a tourniquet, the class focuses on an acronym, PMARCH, to save a patient without overlooking any important variable.

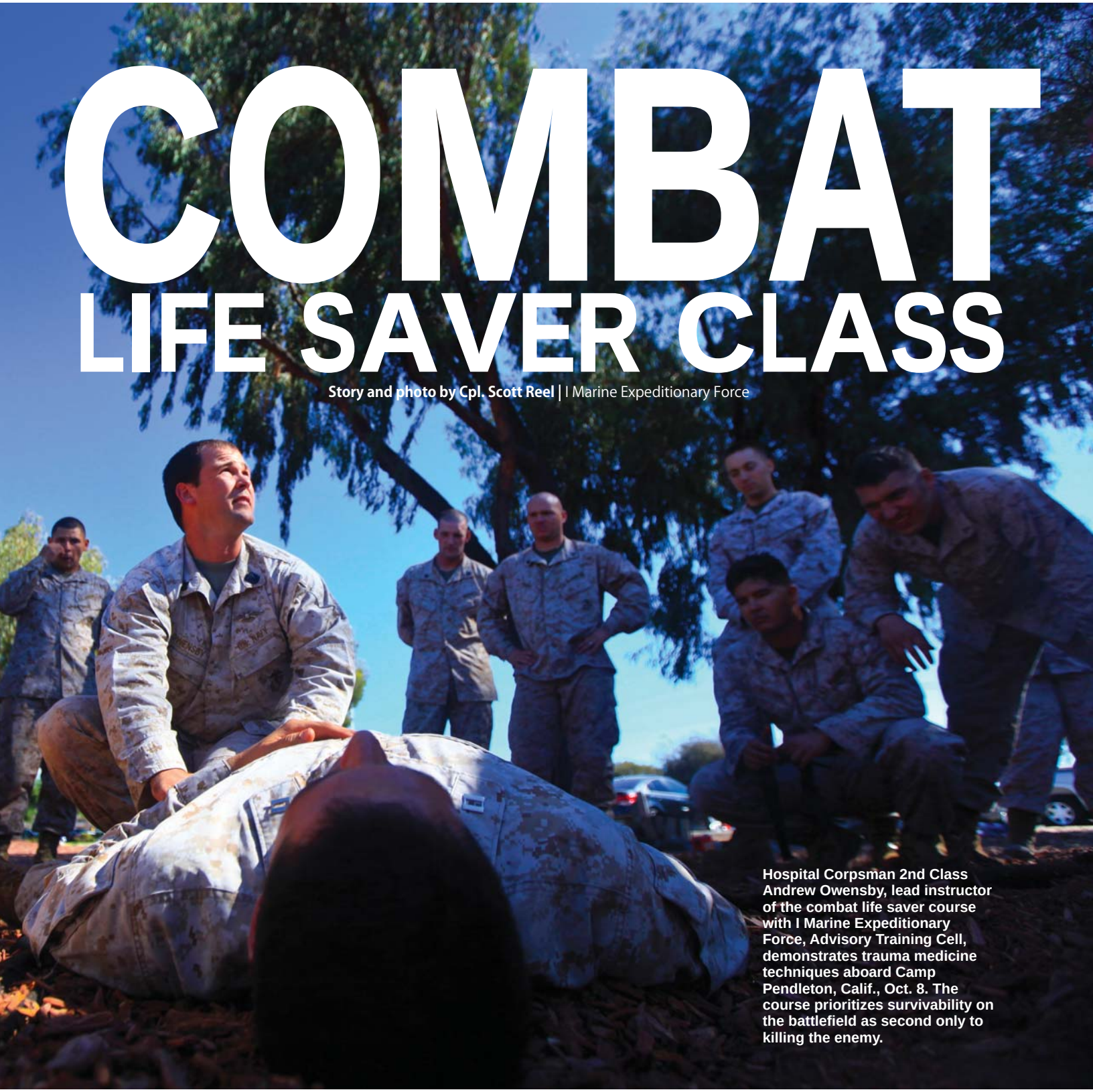
The students are instructed to run through the acronym in every situation: patient and scene safety, massive hemorrhage, airway respirations, circulation, head and hypothermia.

"Everybody treats patients and does medicine differently and if you know how each other works you can work better as a team when you're forward deployed," Owensby said.

Since most of Marines have no medical experience, the goal at the end of the course is for them to be able to adequately apply a tourniquet in 90 seconds and

COMBAT LIFE SAVER CLASS

Story and photo by Cpl. Scott Reel | I Marine Expeditionary Force



Hospital Corpsman 2nd Class Andrew Owensby, lead instructor of the combat life saver course with I Marine Expeditionary Force, Advisory Training Cell, demonstrates trauma medicine techniques aboard Camp Pendleton, Calif., Oct. 8. The course prioritizes survivability on the battlefield as second only to killing the enemy.

successfully treat a Marine in combat, Owensby said.

"I think they did really great, actually," he said. "A lot of the students come in not knowing really anything whatsoever about medicine, let alone trauma medicine, and when they leave I feel that we've really taught them how to actually be able to accomplish the tasks we set out to teach them."

The course is available for all Marines as a part of annual training. CLS is a group of skills that, if done correctly, could bring an injured service member back to their friends and family.✚

ACE OF ALL TI

Story by Lance Cpl. Shaltiel Dominguez | 1st Marine Logistics Group

Hospital Corpsman 2nd Class James Post is a well-rounded Sailor. Not only is he the lead petty officer of the 1st Marine Logistics Group religious ministry team, but he is also a fleet Marine force corpsman and a player and administrator for the Camp Pendleton varsity softball team.

In his many endeavors, Post, a corpsman with Combat Logistics Regiment 17, 1st MLG, strives to take care of those around him, accepting leadership responsibilities and emphasizing an open-door policy for interacting with the Marines and Sailors under his command.

"He took over the billet of a chief as a petty officer 2nd class," said Seaman Apprentice Jacob Brown, a religious program specialist who works with Post. "He took on a lot of challenges and taught us a lot about how to be better Sailors."

Post, an outspoken Sailor with a sharp sense of humor, believes that the key to a successful team is open communication between the leaders and their subordinates. Thus, he is never afraid to voice his opinions and encourages those around him to speak freely.

Post said that Command Master Chief Herbert Mack Ellis, then command master chief at Post's former duty station in USS Lake Erie, Hawaii, inspired him to always strive for more. Ellis is his personal role model.

"It started back at my first duty station," said Post. "I voiced my concerns to the command master chief who sat down and talked to me, keeping it at my level. The way he led his Sailors inspired me and is [the leadership style] I strive to uphold."

This free flow of information allowed Post to have a firm grasp of what his command expected of its best Sailors.

"I don't think open-door policies are only necessary in religious ministries," said Post, a native of Higgins Lake, Mich. "Open communication policies need to extend to more areas. It provides an avenue for the flow of information and allows units to improve."

Post leads from the front, but he remains proficient in his many duties, including the administrative ones.

As LPO of the 1st MLG religious ministry team, he functioned as the eyes and ears of the chaplain and guaranteed that all training requirements and certifications were met by the Marines and Sailors under his command.

Likewise, he is a player in the Camp Pendleton softball varsity team and the team's administrator, ensuring the team is ready for competitions across Califor-

"The way he led his Sailors inspired me and is [the leadership style] I strive to uphold."

- Hospital Corpsman 2nd Class James Post

RADES

nia by managing their transportation, accommodations and other logistical requirements.

Post's capacity to go beyond what is expected of him for his subordinates has earned him the respect of his superiors, who showed their appreciation a few days before he transferred to his new duty station in Detroit, Mich.

"The other day, we presented [Post] with a plaque for his time here, and in that plaque was the quote 'exceeding the expected,'" said Commander George Mendes, deputy group chaplain, 1st MLG. "That quote is the motto of the religious program specialists, and in many ways it was certainly applicable to him."

In the office and across the board, the quote captures Post's dedication to his Marines and sailors. He is not afraid to speak his mind or accept more responsibilities. Post is a Sailor who will always go beyond what is expected from him.✚

A young Philippine boy reacts as Navy Lt. Stephanie M. Ellis checks his vitals during a cooperative health engagement at Bigaa Elementary School, Legazpi City, Albay, Philippines. Ellis is in the Philippines for Amphibious Landing Exercise 2014, a Philippine-U.S. exercise designed to improve interoperability, increase readiness and enhance the ability for a bilateral force to respond to natural disasters or other regional contingencies. She is with Combat Logistics Regiment 37, 3rd Marine Logistics Group, III Marine Expeditionary Force.

HEALTH PROVIDERS TREAT COMMUNITY

Story and photos by Marine Corps Sgt. Brian A. Marion | III Marine Expeditionary Force / Marine Corps Installations Pacific

Health providers from the local government and the Philippine and U.S. Navies worked together to treat more than 950 local community members Sept. 25-27 during a cooperative health engagement at Bigaa Elementary School, Legazpi City, Albay, Philippines.

The engagement was part of ongoing bilateral humanitarian efforts between members of the Armed Forces of the Philippines and the U.S. Marine Corps during Amphibious Landing Exercise 2014.

Humanitarian and civic assistance projects enable Philippine and U.S. military members to learn about each other's culture, train together, and improve interoperability, while providing services to areas with identified need.

The three-day engagement started on Sept. 25 with health officials from the Provincial Health Office, Naval Forces Southern Luzon and U.S. and Philippine Navies exchanging best medical practices. The next two days focused on seeing, diagnosing and treating patients with symptoms ranging from the common cold to dental cavities. Each day started with Provincial Health Office personnel logging patients' registration cards.

"It's amazing to come out here and help all these people," said Petty Officer 2nd Class Stetson D. Thomas, a hospital corpsman with Combat Logistics Regiment 37, 3rd Marine Logistics Group, III Marine Expeditionary Force. "Being out here and seeing the difference you make, makes you want to do more."

The medical professionals provided

Philippine Navy 1st Lt. Francis-John O. Moraga talks to his patient about her symptoms during the cooperative health engagement.

Navy hospital corpsmen, part of the humanitarian and civic assistance team, pass out prescriptions to residents of Barangay Bigaa during the engagement.

Lt. Stephanie M. Ellis checks the airways of a girl during the engagement.

care until they exhausted their supplies.

"We had an amazing turnout both days," sad Thomas. "I wish we could do more for these people … These days are long, but you don't want to turn anyone away."

PHIBLEX 14, involving forces from the 13th Marine Expeditionary Unit, 3d Marine Expeditionary Brigade and III MEF, is designed to improve Philippine-U.S. interoperability, increase readiness, and enhance the ability for a bilateral force to respond to natural disasters or other regional contingencies.

Hospital Corpsman 2nd Class Stetson D. Thomas helps a local community member fill out her registration form Sept. 26 during the cooperative health engagement at Bigaa Elementary School.

AT THE TOP OF THE WORLD

From Naval Submarine Medical Research Laboratory Public Affairs

The Naval Submarine Medical Research Laboratory Team on "Ice Liberty" at approximately 76 degrees North latitude. *(Photos courtesy of Naval Submarine Medical Research Laboratory)*

The Naval Submarine Medical Research Laboratory (NSMRL) reached a new high - in latitude - when a team of three researchers embarked in early September on the Coast Guard Cutter HEALY in the Arctic to evaluate the Submarine Team Behaviors Tool (STBT), a metric designed to enable submarine commanders to assess the resilience of their tactical teams. The purpose of this venture was to exercise the STBT in an operational setting and provide recommendations regarding usefulness, applicability of specific behavior measures, correlation of results between observers, ease of use, and other observations related to tool performance. Future plans include the development of a Submarine Team Performance Manual.

Capt. Steven Wechsler, Lt. Katherine Couturier, and retired Cmdr. Richard Severinghaus met the HEALY off the coast of Barrow, Alaska by helicopter and, without delay, headed north to the ice.

The NSMRL team accompanied a multi-disciplinary team including members of the Coast Guard Research and Development Center; Coast Guard Strike Teams; Coast Guard District Seventeen; Coast Guard Pacific Area Command; Coast Guard Headquarters Office of Research, Development, Test and Evaluation; National Oceanographic Atmospheric Administration; Woods Hole Oceanographic Institute Center for Island, Maritime, and Extreme Environment Security; and the University of Alaska Fairbanks.

Their combined technologies included hand-launched military-style unmanned aircraft, unmanned underwater vehicles, oil skimmers, remotely operated vehicles, and an Emergency Response Management Application. The mission: test modern technologies in the detection, surveillance and recovery of simulated oil trapped in or under ice at the polar ice edge. This challenging operational backdrop enabled the NSMRL team to obtain excellent observational data and comprehensively test the STBT.

While there has been much written on the technical skills of submarine warfare, there is not a large body of work available to submarine crews on the non-technical, behavioral aspects of submarine teamwork. The STBT articulates observable behaviors that characterize the degree of resilience of a tactical team. There are four levels of team resilience in the STBT measured through observation of five team practices: dialogue, decision-making, critical thinking, use of bench strength, and problem-solving capacity. By observing teams performing in challenging operations and scenarios, and noting the presence (or absence) of these behaviors, an experienced observer can gauge team resilience levels.

So why travel to a Coast Guard Cutter north of Alaska to obtain data for a 'submarine' research project? Aside from the inherent difficulties in boarding a submarine at sea, HEALY offered several advantages that supported NSMRL objectives. HEALY had been at sea in an isolated environment since early July, stores were low, and fresh foods were depleted when the team boarded. The ship's crew was in a condition that roughly resembled a submarine crew at mid to late patrol, the targeted assessment point. Due to the science mission, the NSMRL team knew they would be able to evaluate a number of different operational scenarios from high stress, multi-faceted operations to routine underway steaming to piloting in restricted waters, all in a short period of time. Another aspect to be tested was STBT applicability to platforms other than a submarine. Vice Adm. Connor, Commander of U.S. Submarine Forces, saw great benefit in this tool not only for the Submarine Fleet, but for the Navy as a whole if it could be proven universal in application. Correspondingly, by engaging the HEALY Commanding Officer, Capt. John Reeves, and Executive Officer, Cmdr. Greg Stanclik, the NSMRL team was able to place the STBT in the hands of the cutter's leadership to solicit further input from a fresh, non-submariner, perspective.

Fortunately, all objectives were met with resounding success. The team brought back numerous observations and recommendations to fine-tune the STBT before its release to the Submarine Fleet for operational use.

The Coast Guard Cutter HEALY is the United States' newest and most technologically advanced polar icebreaker. HEALY is designed to conduct a wide range of research activities, providing more than 4200 square feet of scientific laboratory space, numerous electronic sensor systems, oceanographic winches, and accommodations for up to 50 scientists. HEALY is designed to break 4 ½ feet of ice continuously at 3 knots and can operate in temperatures as low as 50 below zero.

As a Coast Guard Cutter, HEALY is also a capable platform for supporting other potential missions in the polar regions, including logistics, search and rescue, ship escort, environmental protection, and enforcement of laws and treaties. More information about the HEALY and Arctic Shield 2013 may be found at http://www.icefloe.net. ✚

Lt. Katherine Couturier dons a protective Coast Guard immersion suit, also known as a "gumby" suit.

Navy Medicine Presents Malaria Vaccine Research Achievements at Roundtable

From Naval Medical Research Center Public Affairs

Navy Medicine's malaria vaccine research achievements were highlighted during the most recent meeting of the Malaria Roundtable in Washington, D.C., Sept 12. The Malaria Roundtable is composed of representatives from about 20 groups with a commitment to progress in malaria research and development including the American Society of Tropical Medicine and Hygiene, Malaria No More and World Vision; the roundtable is co-chaired by PATH (Program for Appropriate Technology in Health) and the U.N. Federation.

Capt. Judith Epstein, the clinical director of the Naval Medical Research Center's (NMRC) Malaria Vaccine Development effort spoke about the collaborative research effort that made news recently about the breakthrough in a malaria vaccine that was reported in the journal, Science, in August.

"At the Malaria Roundtable I had the opportunity to present the results of a clinical trial assessing the safety, tolerability, immunogenicity and protective efficacy of a malaria vaccine that was administered intravenously to healthy adult volunteers during a clinical trial at NIH," said Epstein. "This was a collaborative effort involving researchers from NMRC, the Walter Reed Army Institute of Research, the National Institutes of Health and Sanaria, Inc. The vaccine was well tolerated with no serious adverse events and this first assessment of the IV administration of the vaccine resulted in high-level protection. The findings demonstrated that a dose-threshold for inducing protective efficacy can be achieved and it is safe and meets regulatory standards."

Malaria has had a significant impact on U.S. military operations throughout history. Malaria was responsible for a greater loss of manpower than enemy fire in all conflicts occurring in tropical regions during the 20th century. Malaria continues to present a major challenge to force health protection during operations in any environment where malaria is endemic. This includes over 100 countries spanning the tropical and subtropical regions of the world, including most of sub-Saharan Africa and larger regions of South Asia, Southeast Asia, Oceania, central Asia, the Middle East, Central and South America and the Caribbean. In a malaria-naïve military population an infection can severely degrade performance, result in missed duty, and may lead to prolonged hospitalization and, in some cases, death.

Lt. Cmdr. Kelly Larson, left, and Hospital Corpsman 2nd Class Edward Lopez test a Togolese villager for malaria during an Africa Partnership Station 2012 health fair. Africa Partnership Station is an international security cooperation initiative, facilitated by the commander of U.S. Naval Forces Europe-Africa, aimed at strengthening global maritime partnerships through training and collaborative activities in order to improve maritime safety and security in Africa. *(Photo by Air Force Tech. Sgt. Donald R. Allen)*.

"The Navy needs a vaccine which is as effective against malaria, a serious threat to military personnel in malaria-endemic areas, as the vaccines used every day to prevent other life-threatening diseases. Our mission at NMRC is to develop a malaria vaccine to prevent malaria morbidity and mortality in military personnel and in vulnerable populations for the benefit of global public health," said Epstein. "We have reached an incredible milestone in vaccine development, but we still have more research to do, with the hopes of having an effective vaccine for the military in the next five years or so."

Malaria is not a unique military infectious disease, it is a major global health issue and according to WHO World Malaria Report there were 216 million cases of malaria and an estimated 655,000 deaths in 2010. Most deaths occur among children living in Africa.

NAMRU-3 Efforts to Build Laboratory Capacity in Burkina Faso in Support of Global Influenza Surveillance

From Naval Medical Research Unit Three Public Affairs

Global influenza surveillance is critical to the development and formulation of annual influenza vaccines administered to warfighters, the U.S. population, and the world at large.

Information such as the kind of influenza affecting people in a specified region of the world is collected and reported to the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) and directly contributes to identifying the strains for the annual influenza vaccine intended to protect the vast majority of people in the northern and southern hemisphere.

In May, Lt. Gabriel Defang, program head for Viral and Zoonotic Diseases Research at the U.S. Naval Medical Research Unit – Cairo (NAMRU-3), and Emad Maher, head of the NAMRU-3 Influenza and Acute Neurological Pathogenesis Section, along with an international team with representatives from CDC and WHO, conducted a site visit to Burkina Faso (BF), a West African country.

Defang and the CDC/WHO team visited three disease sentinel sites: Centre Hopitalier Universitaire (CHU) Sanou Souro, Centre de Sante et de Promotion Sociale (CSPS) de Colsama, and Centre de Sante et de Promotion Sociale (CSPS) de Bolomakote where respiratory samples are collected from patients with influenza-like illness and severe acute respiratory infection.

The team assessed enrollment and sample collection procedures and made recommendations which specifically impacted the way samples are collected and preserved at the sites for transport to the testing reference laboratory.

"It is important that we get buy-in from health officials in each of these West African nations, and to impress upon them the fact that data from their surveillance networks helps formulate a better global vaccine with improved chances of a vaccine match in their respective countries," said Defang regarding the importance of national influenza surveillance programs.

Assessment visit to one of the influenza sentinel sites at Camp Guillaume Ouedraogo Military Base in Ouagadougou, Burkina Faso. Dr. Col. Seydou Sourabie (right) briefing on influenza surveillance activities at the Camp to Dr. Talla Nzussouo (left) and Lt. Gabriel Defang (2nd from left). *(Photo courtesy of Camp G. Quedraogo staff)*

Defang and Maher accompanied by WHO and CDC representatives visited the BF Influenza Reference Laboratory in Bobo-Dioulasso to review the laboratory testing procedures and train personnel on good laboratory practice and influenza molecular diagnostics, including output data interpretation. Following the training, Prof. Zekiba Tarnagda, Head of BF Influenza Reference laboratory, instituted amendments to the influenza testing standard operating procedures to reflect the new knowledge acquired by the laboratory team.

The team next met with the National Director of Public Health, Dr. Isaie Medah, to discuss ways the country could augment data management and laboratory resources in support of the national influenza surveillance network.

In addition, NAMRU-3 researchers provided the laboratory resources and worked with Maj. Andrew Brosnan, U.S. Defense Attaché office, to support planned national pandemic response exercises. The Deputy Chief of Mission at the U.S. Embassy in BF was instrumental in facilitating a meeting with the Burkina Faso Armed Forces Health Services representative leading to an action plan to integrate military disease sentinel sites with the national influenza surveillance network.

ANGELS O

By André B. Sobocinski | U.S. Navy Bureau of Medicine and Surgery Historian

When the Naval Air Transport Service (NATS) R4D broke through the clouds of volcanic dust and smoke to land on Iwo Jima on March, 6 1945, it carried more than whole blood and medical supplies for the wounded. On board this flight was a 22-year-old Navy nurse named Jane Kendeigh*1*, marking the first time in history that a Navy flight nurse appeared on an active Pacific battlefield. Kendeigh may have become a symbol for casualty evacuation and high altitude nursing on that day, but she was far from alone in this daring mission.

From March 6-21, 1945, Kendeigh and her fellow flight nurses air evacuated some 2,393 Marines and Sailors from Iwo Jima*2*. Pictures of these first combat nurses show them offering encouragement and comfort to the rows of littered patients along the battlefield runways. For these physically and psychologically wounded warfighters, flight nurses served as the military equivalent of Dante's Beatrice*3*, appearing at a critical moment in their lives and escorting them from the pits of hell to the safety of forward operating hospitals.

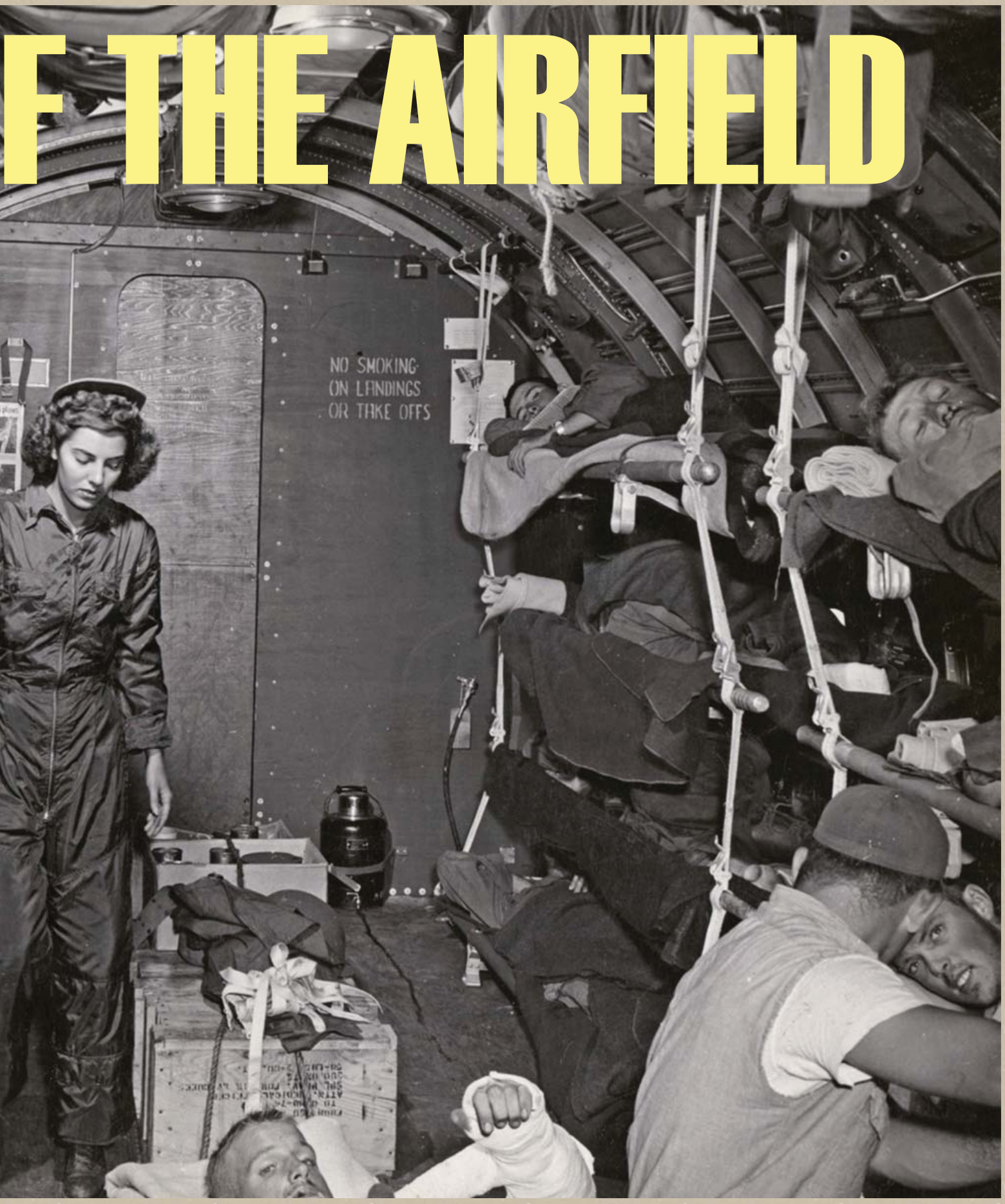
It's little wonder why a special bond often developed between these patients and nurses. In a recent telephone interview, Mary Hudnall, one of the first flight nurses on Iwo, recalled one patient being so grateful of his rescue that he insisted on giving her a memento from the battlefield. "He asked me to take a small medicine bottle and said 'It's sand from Iwo Jima. I don't want you to forget what we did here.'"

When he fell asleep she tucked the trinket under his blanket. However, when he awoke he begged her to take it. As of April 2013, Hudnall still had this souvenir and still remembered the sacrifice of the men on Iwo.*4*

By the time of the invasion of Iwo Jima, the concept of air evacuation was nothing new.*5* On Sept. 1, 1942, the joint-service South Pacific Combat Air Transport Command (SCAT) began using cargo planes to evacuate wounded servicemen during the Guadalcanal campaign. These missions were initially free of medical personnel until November 1942, when Navy pharmacists mates were added to flights.*6* In March 1943, SCAT formally established a

Ensign Kendeigh checking on patients during a flight from Okinawa to Guam in April 1945.

F THE AIRFIELD



Ensign Jane Kendeigh attends to a badly wounded Marine sergeant on Iwo Jima, March 1945. Remakably, this patient (William Wyckoff) and Kendeigh would be reunited at Camp Pendleton Marine Corps Base, Calif., 41 years after this photograph was taken.

joint medical section comprised of Army and Navy flight surgeons to supervise and select casualties for air evacuation in theater.*7* Flight nursing first took off when the Army employed nurses on evacuation missions to North African in December 1942. A year later, in June 1943, the Army formally established the Army Air Force School of Air Evacuation at Bowman Field, KY to offer specialized training for its flight nurses.

Owing to the need for flight nurses in the Pacific war, the Navy established its own School of Air Evacuation Casualties at Naval Air Station Alameda, CA in 1944. Overseeing the school was a former United Airline stewardess and registered nurse named Mary Ellen O'Connor, later dubbed the most "flyingest woman in the world" for her long career aboard airplanes.*8*

On Dec. 10, 1944, the first class, consisting of 24 Navy nurses and 24 pharmacists mates*9*, commenced. The eight-week course consisted of lectures and demonstrations on survival training, air evacuation techniques, physiology of flight, first aid with emphasis on shock, splinting/redressing wounds, and treatment of patients in non-pressurized cabins. Students also learned about artificial horizons, and altitude through flight simulation exercises.

Hallmark in the course was the intensive 18-hour "watermanship" training organized to simulate conditions of a water landing/crash scenario. The prospective flight nurses were required to swim under water, swim one-mile, and be able to tow victims 440-yards in 10 minutes.*10*

Following graduation in January 1945, 12 of the first flight nurses were sent to Naval Air Station Agana, Guam, to prepare for their first battlefield mission while the others were used to transport casualties in the Continental United States and from the (Territory of) Hawaii. By the end of March, after two more classes graduated from the school, the Navy had 74 trained flight

nurses; almost all would be used for the next big challenge, perhaps the biggest of them all: Okinawa.

The Battle of Okinawa alone accounted for 17 percent of the total Navy and Marine Corps casualties suffered in World War II. Owing to the enormous casualty totals, Okinawa was the largest combat casualty evacuation operation in U.S. military history and marked the first time the Navy evacuated more casualties by air than sea. Unsung heroes in this campaign, the Navy flight nurses, now using larger R5D which could accommodate up to 60 patient litters, would help evacuate some 11,771 to Guam.*11*

After Okinawa, many of the flight nurses were used to repatriate Prisoners of War from the Philippines to Guam. A few who stayed in service years after the war would participate in the Berlin Airlift. Owing to a longstanding ban on marriage that was renewed after the war, the choice of service and family was not possible for flight nurses and most left the Navy.*12* Today, the story of the brave women of Iwo Jima and Okinawa remains a footnote in most histories of military nursing; they never achieved any medals for their service let alone much notoriety. Then again, most would say that they were just happy doing their jobs. As Ensign Jane Kendeigh would remark about her service: "Our rewards are wan smiles, a slow nod of appreciation, a gesture, a word—accolades greater, more heart-warming than any medal."*13*

1. After her heroic work in Iwo Jima, Ensign Jane Kendeigh (1922-1987) was sent back to the United States to participate in a War Bond drive. Soon after, she requested to return to the Pacific combat zone. On April 7, 1945, six days after the invasion, Kendeigh landed on Okinawa.

2. This amounted to 13.5 percent of total casualties evacuated on Iwo Jima. (BUMED. The History of the Medical Department of the United States Navy in World War II. Volume 1: A Narrative and Pictorial Volume. Washington, DC: Government Printing Office. 1953.)

3. In the allegorical poem The Divine Comedy, Beatrice is a symbol of hope who guides the author/protagonist through purgatory and hell to heaven.

4. Sobocinski, André. Oral History Interview with Mary Leahy Hudnall (telephone) on April 25, 2013.

5. The British had experimented in "air ambulancing" as far back as in the 1920s. In 1929, the Colonial Flying Service and Scully Walton Ambulance Company of New York organized the first civilian air ambulance service. Kane, Joseph. Famous First Facts: A Record of First Happenings, Discoveries and Inventions in the United States. New York: The H.W. Wilson Company (Third Edition). 1964).

6. BUMED. The History of the Medical Department of the United States Navy in World War II. Volume 1: A Narrative and Pictorial Volume. Washington, D.C.: Government Printing Office. 1953.

7. Mae Mills and Hubert Coleman. Medical Support: Army Air Forces in World War II. Office of the Surgeon General, USAF. Washington, D.C.: GPO. 1955. Navy nurses Stephany Kozak and Mary Cain attended this school at Bowman field in June 1943 becoming the Navy's first flight nurses. In January 1944, Kozak, Cain, were joined by flight nurse LT (JG) Dymphna van Gorp on a mission to Brazil to establish an "aeromedical evacuation program" in the Brazilian Air Force Nurse Corps.

8. Mary O'Connor, a nurse turned stewardess at United Air Lines, a time when stewardesses were required to be registered nurses. At the time of her entry into the U.S. Navy she had already flown 2,500,000 miles. After the war, she returned to United Airlines where she become the namesake for their Convair 340, also known as the "O'Connor Mainliner." In 1961, she published her biography Flying: The Story of a Pioneer Stewardess (New York: Rand McNally).

9. Applicants to the Navy Air Evacuation School in Alameda, Calif., were required to have good character references and be excellent swimmers.

10. Stuart, Paul. "Angels of Mercy: U.S. Navy Flight Nurses of the Pacific Theater." WWII Military Journal. Winter 1996. pp 27-30.

11. The Navy evacuated some 11,732 casualties by APA, LST, and hospital ship (versus 11,771 by air). It could take a ship eight to ten days to transport casualty from Okinawa to Guam versus a flight which could take about eight hours). BUMED. The History of the Medical Department of the United States Navy in World War II. Volume 3: The Statistics of Diseases and Injuries. Washington, DC: Government Printing Office. 1953.

12. Marriage lead to immediate dismissal for all women servicemembers in the war. This ban was briefly lifted beginning in January but reinstituted in November 1945. It was not until the 1960s that female Navy nurses were finally allowed to marry and stay in service.

13. Sutter, Janet. "'Angel of Mercy' kept wings: WWII nurse still dotes on patients." The San Diego Union. Sunday, March 24, 1985. ✚

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